

Name  
in  
Full

Mary Brannock

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

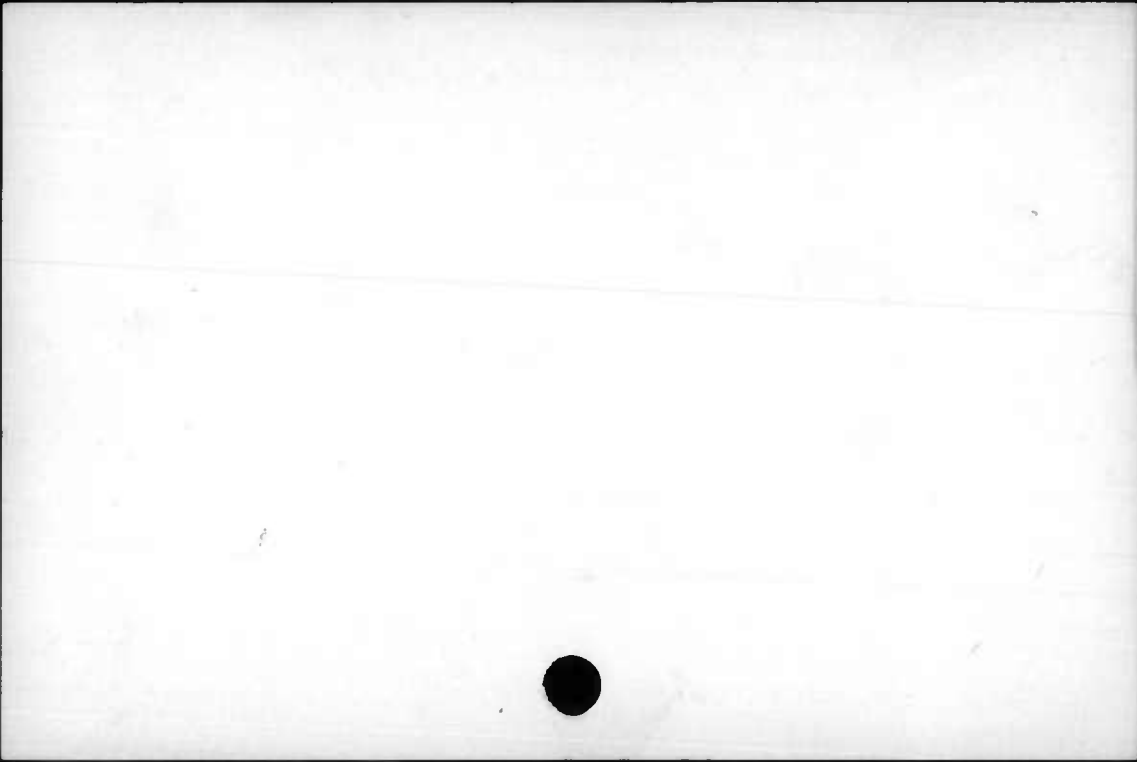
Died at		Madison		Derchester		MARYLAND	
Date of death		1907	Month	Aug.	Day	24	Age
Sex		Female		Color or Race		White	
Occupation		Housewife		Birth-place		Der. Co. Md.	
Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		Thomas Brannock	
Father's Name		James Mills		Father's Birthplace		Der. Co. Md.	
Mother's Maiden Name		Elizabeth Woolford		Mother's Birthplace		Der. Co. Md.	
Name of person giving information		Benjn. Brannock		How related to deceased		Son	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic Bright's disease	How long	About a year
Immediate	General Oedema & Exhaustion	How long	Several months
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		B. L. Smith M.D.	
Address		Madison, Md.	
Accident or Suicide?			



Name  
in  
Full

Francis Camper

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

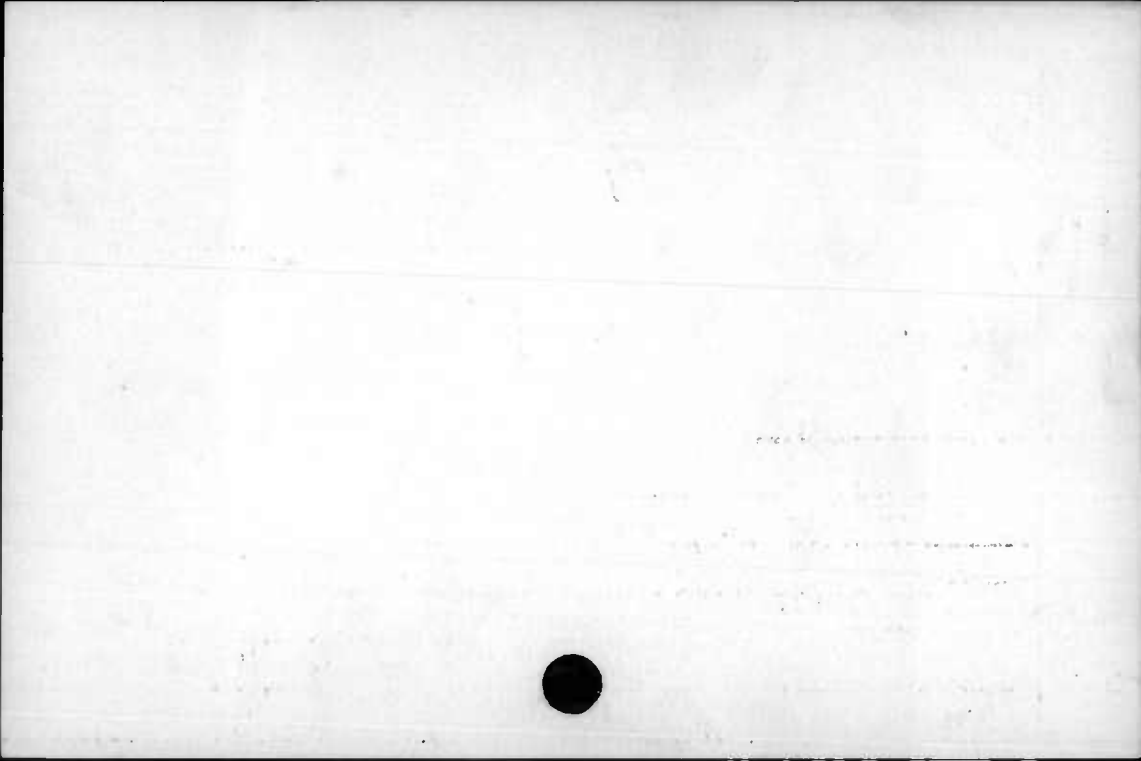
Died at		Town Cambridge		County Warchester		MARYLAND	
Date of death		1907	Month Aug	Day 1	Age 77	Years 2	Months 26
Sex Female		Color or Race Black		Birth- place Maryland			
Occupation House wife		Where Residing if not at place of death Cambridge					
Married, Single or Widowed Married		Name of Wife or Husband Moses Camper					
Father's Name Benjamin Jennifer		Father's Birthplace Maryland					
Mother's Maiden Name Francis Jennifer		Mother's Birthplace "					
Name of person giving In formation Nannie Jackson		How related to deceased Daughter					

## CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary	Epileptical of Leg	How long	1 year
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Victor E. Carole	
Address		Cambridge, Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

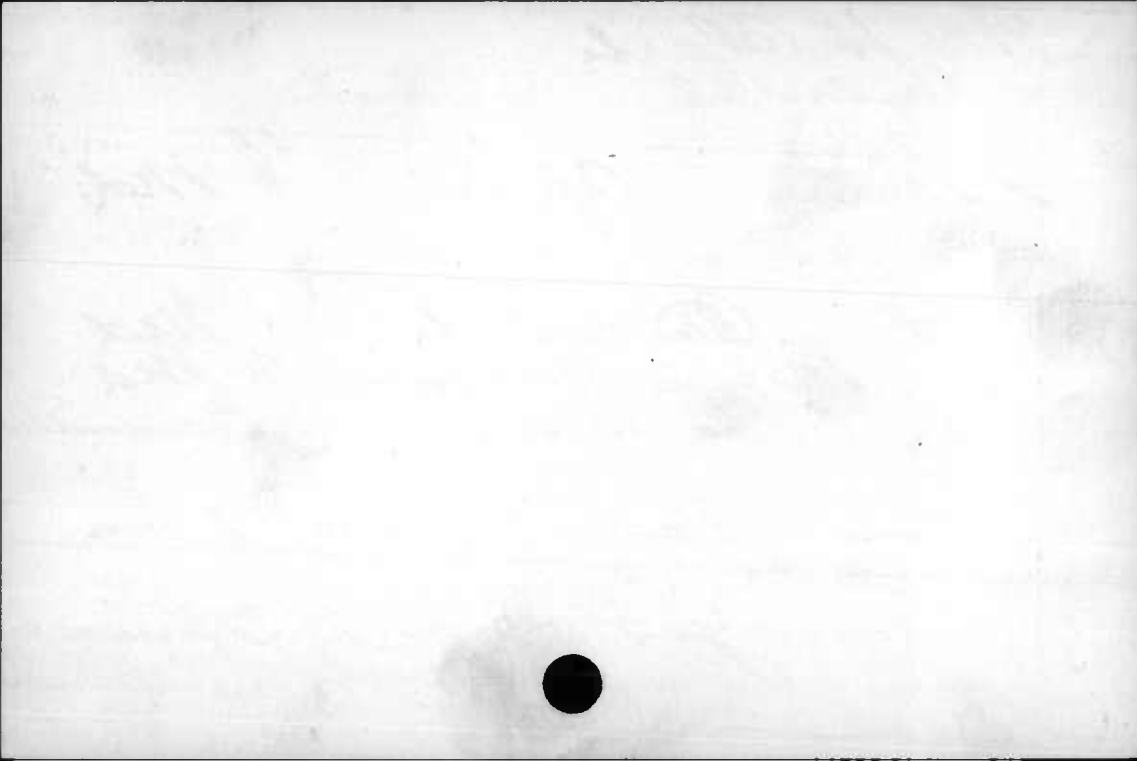
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Shirlock</i>		Town <i>Shirlock</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1907	Month	Aug	Day	13	Age	—
Sex	male	Color or Race	colored	Months	6	Days	28
Occupation	—			Birth-place	Md		
Where Residing if not at place of death				—			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Enteritis</i>	How long	<i>2 days</i>
Immediate	<i>Colitis</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>B. H. Maguire</i>
		Address	<i>Shirlock</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

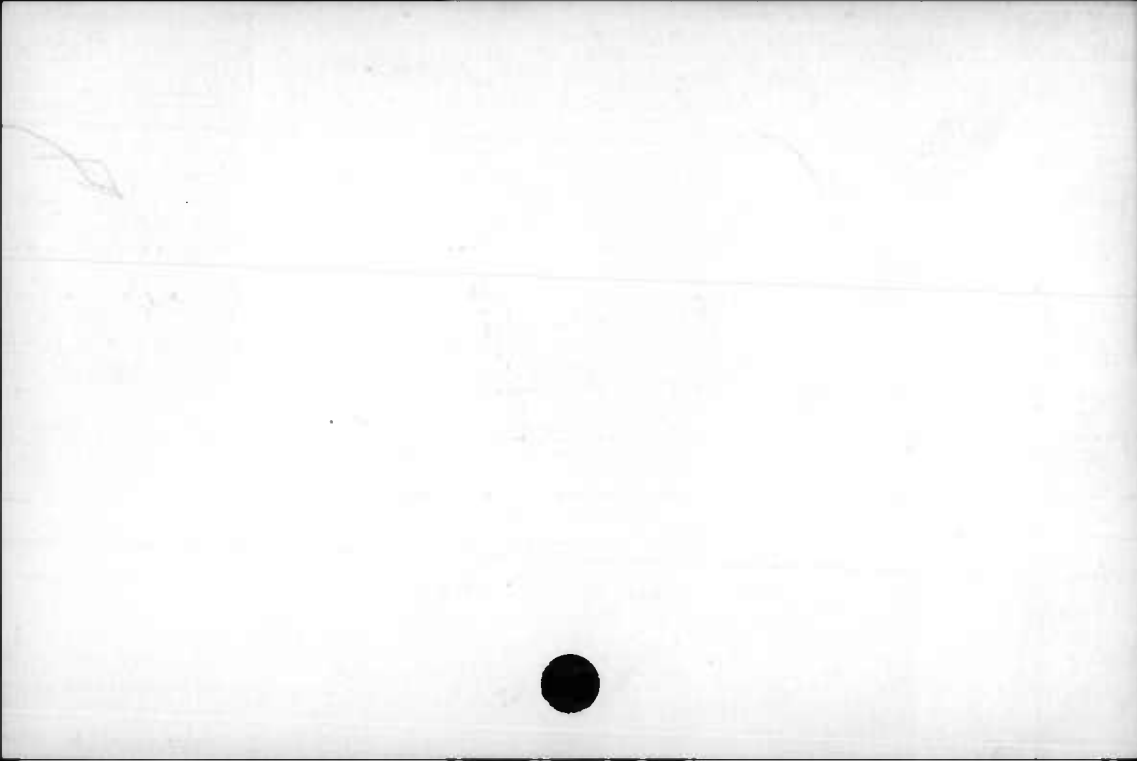
Name in Full <i>Mr. H. Clark</i>		Town <i>Taylor's Isl.</i>		County <i>Dorchester</i>		State <i>MARYLAND</i>	
Died at <i>Taylor's Isl.</i>		Month <i>Aug-</i>		Day <i>21st</i>		Years <i>1</i>	
Date of death <i>1907</i>		Month <i>10</i>		Days <i>21</i>			
Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>Md</i>			
Occupation <i></i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>					
Father's Name <i>Simon Peter Clark</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Maggie Wilson</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Emma Wilson</i>		How related to deceased <i>Grandmother</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>		How long <i>6 mo</i>	
Immediate <i>Cardiac Failure</i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. K. Shriver Jr</i>	
		Address <i>Taylor's Island Md.</i>	
Accident or Suicide? <i></i>			





Name  
in  
Full

J. Richard Dunn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1907	Month <i>Aug</i>	Day <i>13</i>	Age <i>74</i>	Years	Months	Days <i>12</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Dont Know</i>				
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lavinia Dunn</i>					
Father's Name <i>Dont Know</i>		Father's Birthplace <i>Dont Know</i>					
Mother's Maiden Name <i>Sarah Margaret Insley</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mrs. Wm Price</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	(64)	How long <i>Dont Know</i>
Immediate <i>Apoplexy.</i>		How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. E. Wolf</i>
		Address <i>Cambridge, Md</i>
Accident or Suicide?		



Name  
in  
Full

Elizabeth Farrow

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Linkwood N<sup>County</sup> Dorchester

MARYLAND

Date of death 1907 Aug.

Day 4<sup>th</sup>

Years Age - 41

Months

Days

Sex female

Color or Race Calarea

Birth-place

Dorchester Co.

Occupation

Housewife

Where Residing if not at place of death

Home

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Josiah Farrow

Father's Birthplace

Unknown

Mother's Maiden Name

Mahilda Richardson

Mother's Birthplace

Unknown

Name of person giving information

Josiah Farrow

How related to deceased

Father

## CAUSES OF DEATH

120

Primary

Chronic Nephritis.

How long

Don't know

Immediate

Heart Failure

How long

Very short

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

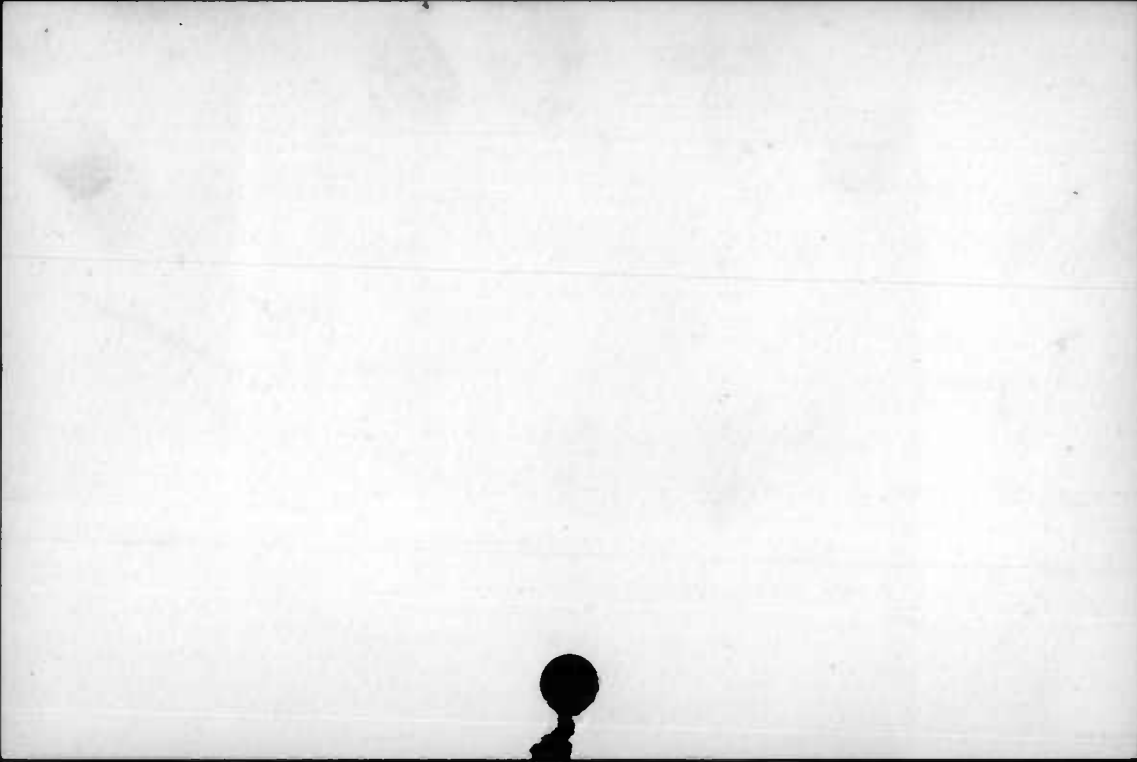
E. E. Wolff

Address

Cambridge, Ind

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

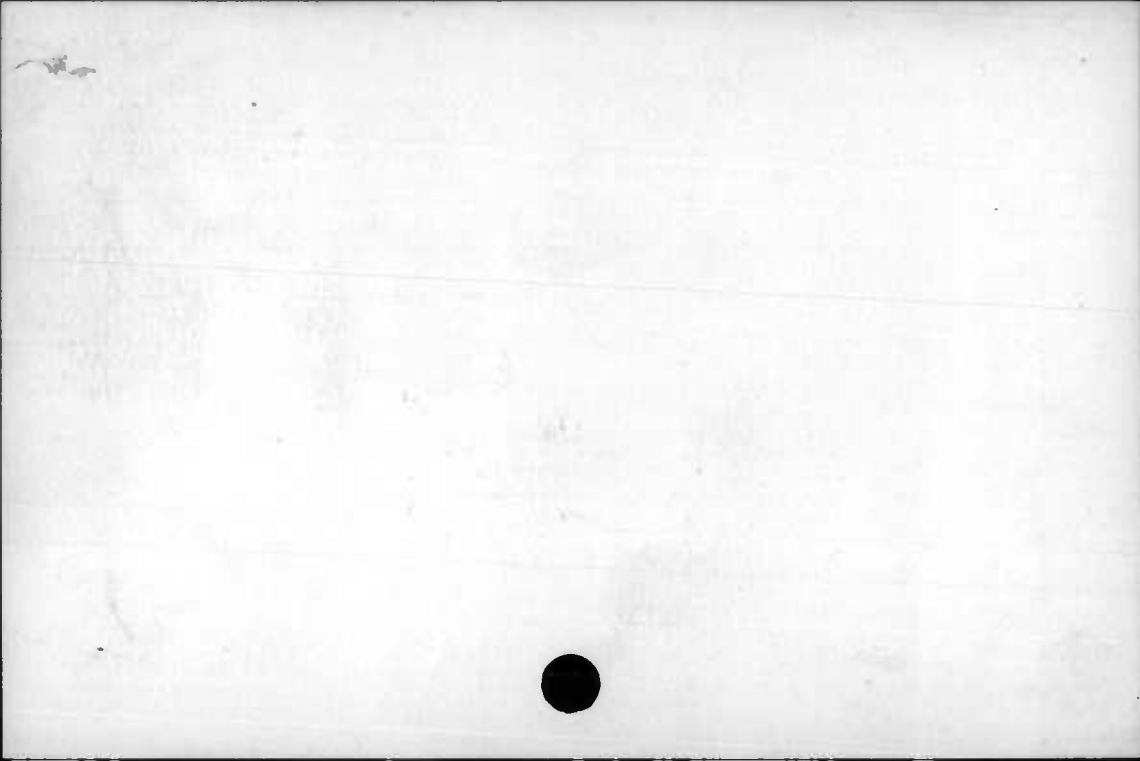
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> <small>Town</small>		<i>Horchester</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Year</small>	<i>August</i> <small>Month</small>	<i>11th</i> <small>Day</small>	Age <i>29</i> <small>Years</small>	<i>8</i> <small>Months</small> <i>17</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Horchester Co</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Robert - Greene</i>				
Father's Name <i>Joseph Woodford</i>	Father's Birthplace <i>Horchester Co</i>		Mother's Birthplace <i>Horchester Co</i>		
Mother's Maiden Name <i>Matilda Robinson</i>	How related to deceased <i>Husband</i>				
Name of person giving information <i>Robert Greene</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Floridae</i>	<i>27</i>	How long <i>3 months</i>
Immediate <i>Asithenia and Lymphaden</i>		How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Hexter P. Reynolds MD</i>	Address <i>Cambridge Md</i>
Accident or Suicide?		



Name  
in  
Full

William W. Starn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Vienna* TownCounty *Dorchester*Date of death *1907 Aug.*

Month

Day *25*Age *84* Years

Months

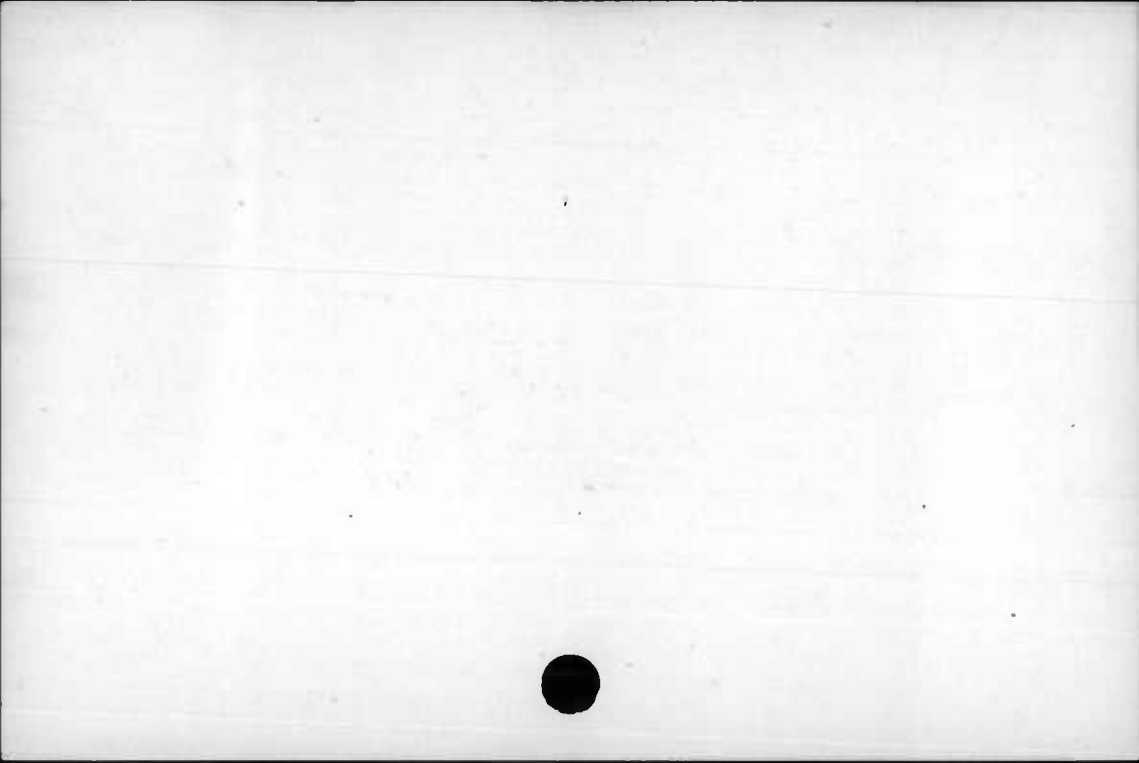
Days

Sex *Male*Color or Race *White*Birth-place *Don't Know*Occupation *retired farmer*Where Residing if not  
at place of deathMarried, Single  
or Widowed *Single*Name of Wife or  
Husband *—*Father's Name *Don't Know*Father's Birthplace *Don't Know*Mother's Maiden Name *Don't Know*Mother's Birthplace *Don't Know*Name of person giving  
Information *R. J. Price*How related  
to deceased *not at all*

## CAUSES OF DEATH

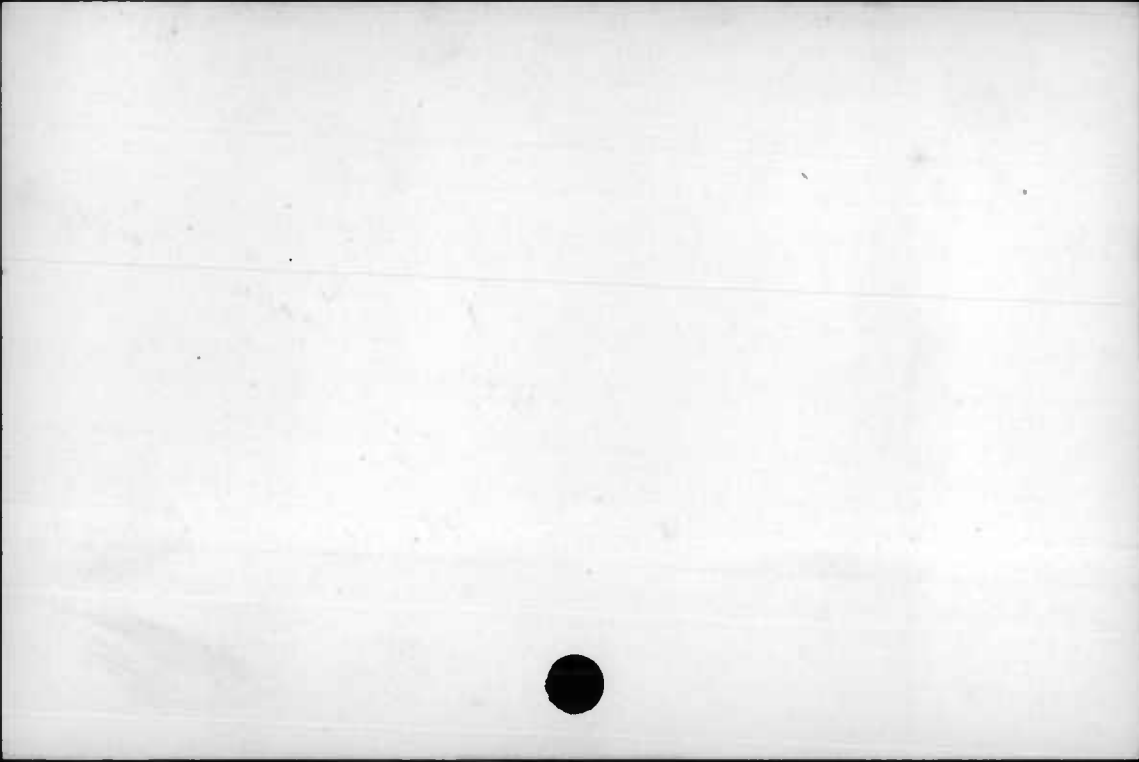
Primary *Senility*How long *5 years*Immediate *Prostration*How long *24 hours*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of Physician *R. J. Price*Address *Vienna, Md.*

Accident or Suicide?





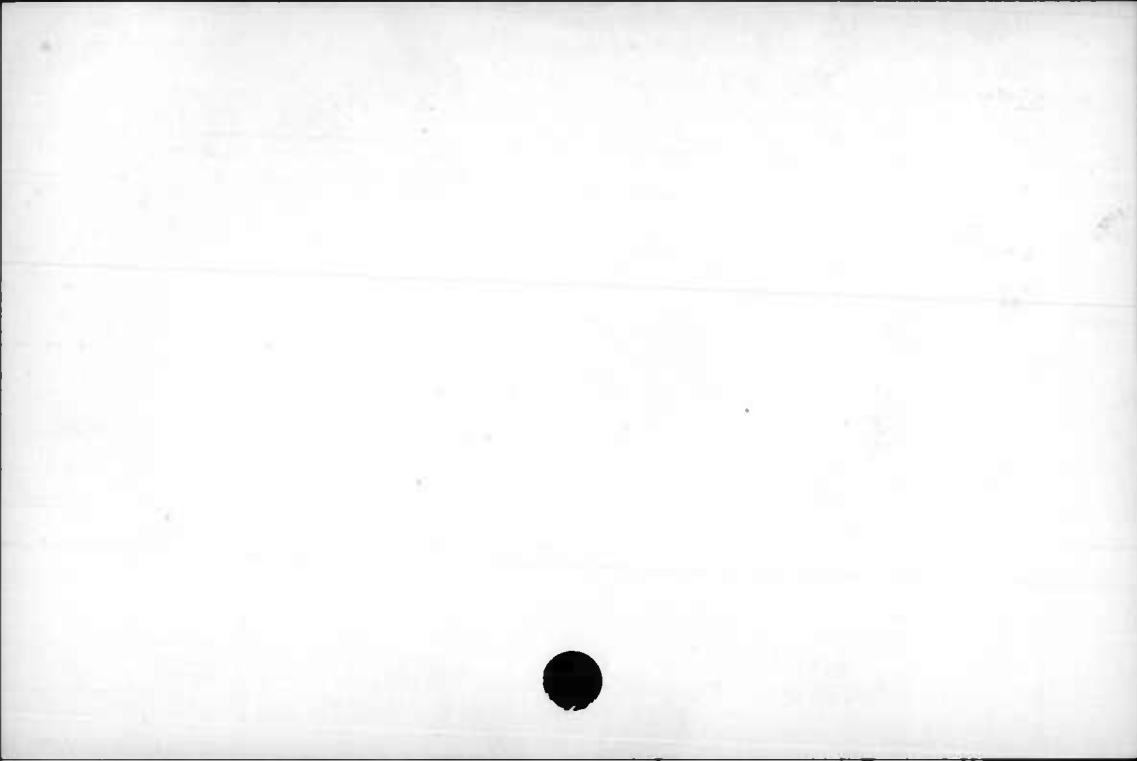
Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Eldorado</u> <small>Town</small>		<u>Albion</u> <small>County</small>	
		Date of death <u>1907</u> <small>Month</small> <u>Aug</u> <small>Day</small> <u>22</u> <small>Years</small> <u>21</u> <small>Months</small> <u>—</u> <small>Days</small> <u>—</u>		MARYLAND	
		Sex <u>Females</u>		Color or Race <u>White</u>	
		Occupation <u>House wife</u>		Birth-place <u>Md</u>	
		Where Residing if not at place of death <u>—</u>			
		Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Lee Henry</u>	
		Father's Name <u>Joseph Tillin</u>		Father's Birthplace <u>Md</u>	
		Mother's Maiden Name <u>Georgie Thomas</u>		Mother's Birthplace <u>Md</u>	
Name of person giving information <u>Lee Henry</u>		How related to deceased <u>Husband</u>			
PHYSICIAN OR CORONER		CAUSES OF DEATH <u>Phthisis</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">27</span>			
		Primary <u>Pulmonary</u>		How long <u>12 mo</u>	
		Immediate <u>Pulmonary</u>		How long <u>12 months</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>A. H. McGuire</u>	
				Address <u>Harlow Md</u>	
Accident or Suicide?					



Name in Full		CERTIFICATE OF DEATH			
Mary S. Hinton		Town Cambridge		County Mchests	
Died at		MAYLAND			
Date of death		1907	Month Aug	Day 26	Age 1
Sex Female		Color or Race white		Months 4	Days -
Occupation None		Birth- place Wm. Conrad		Where Residing if not at place of death -	
Married, Single or Widowed Single		Name of Wife or Husband -			
Father's Name James M. Hinton		Father's Birthplace H. E.			
Mother's Maiden Name Lora Goslin		Mother's Birthplace Wm. Conrad			
Name of person giving In formation Lora Hinton		How related to deceased Mother			
CAUSES OF DEATH					
Primary Enterocolitis		How long 10 days			
Immediate Emphysema of brain		How long 2 days			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. S. Stude		Address Cambridge Md.	
Accident or Suicide?					

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John H. Holder</i>		Town <i>Williamsburg</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Williamsburg</i>		Month <i>Aug</i>		Day <i>25</i>		Years <i>71</i>	
Date of death <i>1907 Aug 25</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>			
Occupation <i>laborer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Don't know</i>					
Father's Name <i>Wm Holder</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Kellie Sebores</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Sarah E. Kingor</i>		How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

(79)

PHYSICIAN  
OR CORONER

Primary <i>Vascular disease of heart</i>	How long <i>6 m</i>
Immediate <i>Vascular disease of heart</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. P. Maguire</i>
	Address <i>Hublock 12 Md</i>
Accident or Suicide?	

Dear Sir  
I have  
just  
received  
your  
letter  
of the  
10th  
inst.

Name  
in  
Full

Robert R. Halland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		1907	Month Aug	Day 2	Age	Years 11	Months Days
Sex		Male		Color or Race White		Birth-place Maryland	
Occupation Child				Where Residing if not at place of death Cambridge			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Sydney C. Halland				Father's Birthplace Md.			
Mother's Maiden Name Estella M. Robinson				Mother's Birthplace Md.			
Name of person giving information Estella M. Halland				How related to deceased Mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Rickets	How long	Since birth
Immediate	Enterocolitis	How long	10 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. R. Wolff	
Address		Cambridge, Md.	
Accident or Suicide?			





Name  
in  
Full

CERTIFICATE OF DEATH

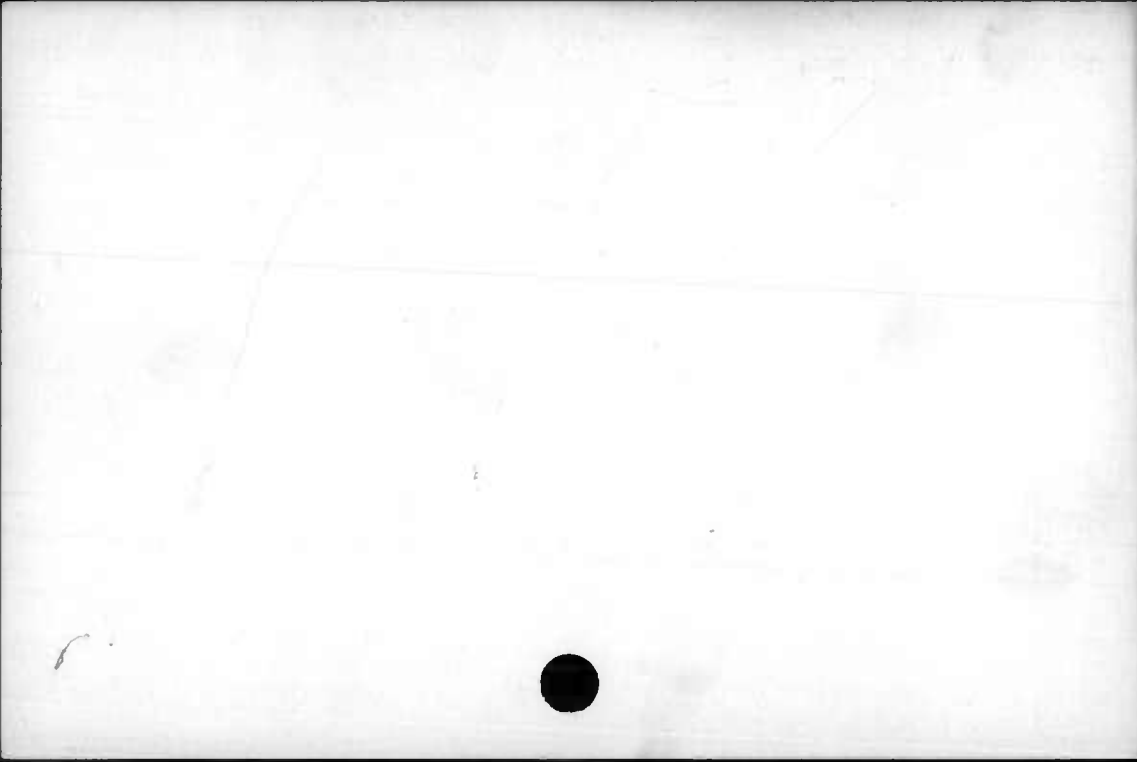
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Cecil Wm Horseman</i>		Town <i>Taylor's Isl.</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Taylor's Isl.</i>		Month <i>Aug</i>		Day <i>12</i>		Age <i>4</i>	
Date of death <i>1907</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name <i>Leri D. Horseman</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Addie Shenton</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Leri D. Horseman</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Enteritis</i>	<i>105</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>		How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. J. K. Shrivley</i>
		Address <i>Taylor's Isl.</i>
Accident or Suicide? _____		<i>Md.</i>



Name  
in  
Full

CERTIFICATE OF DEATH

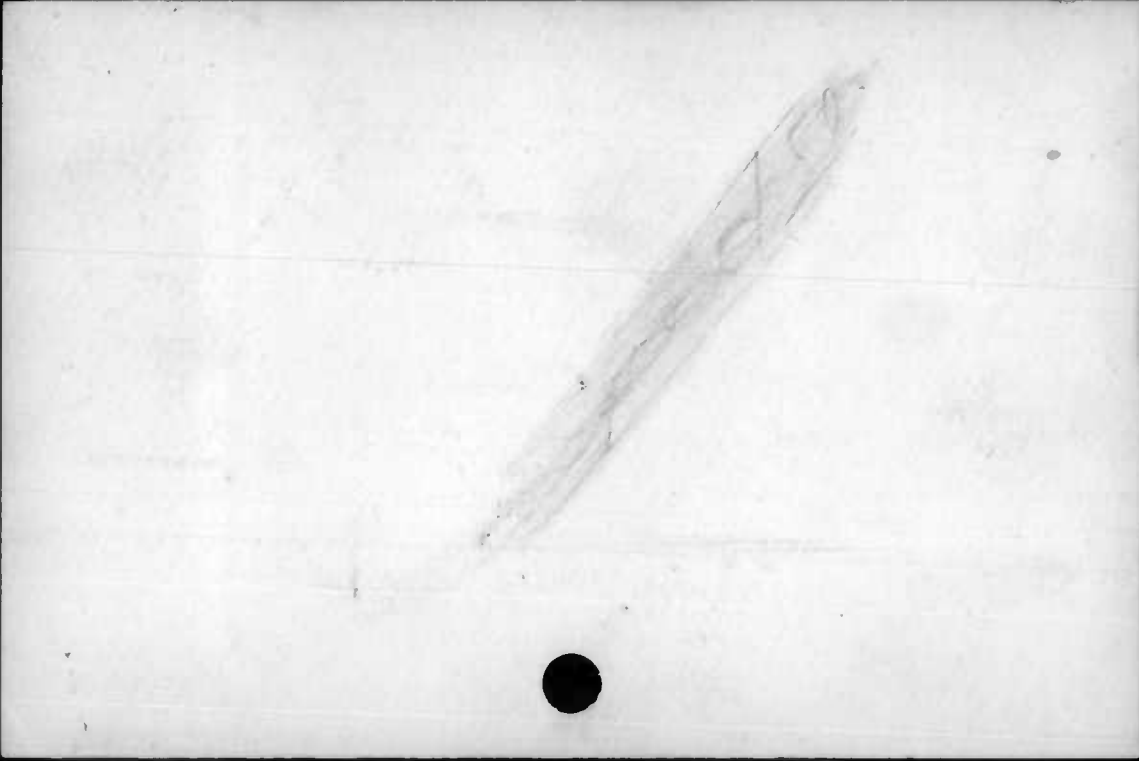
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Henry Jews</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Died at		Date of death		Age		Days	
		<i>1907 Aug 5th</i>		<i>1</i>		<i>2</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Dor. Co.</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Med Jews</i>		Father's Birthplace <i>Cambridge</i>					
Mother's Maiden Name <i>Willie Jackson</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Willie Jews</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long <i>Very short</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Waelff</i>
	Address <i>Cambridge - Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

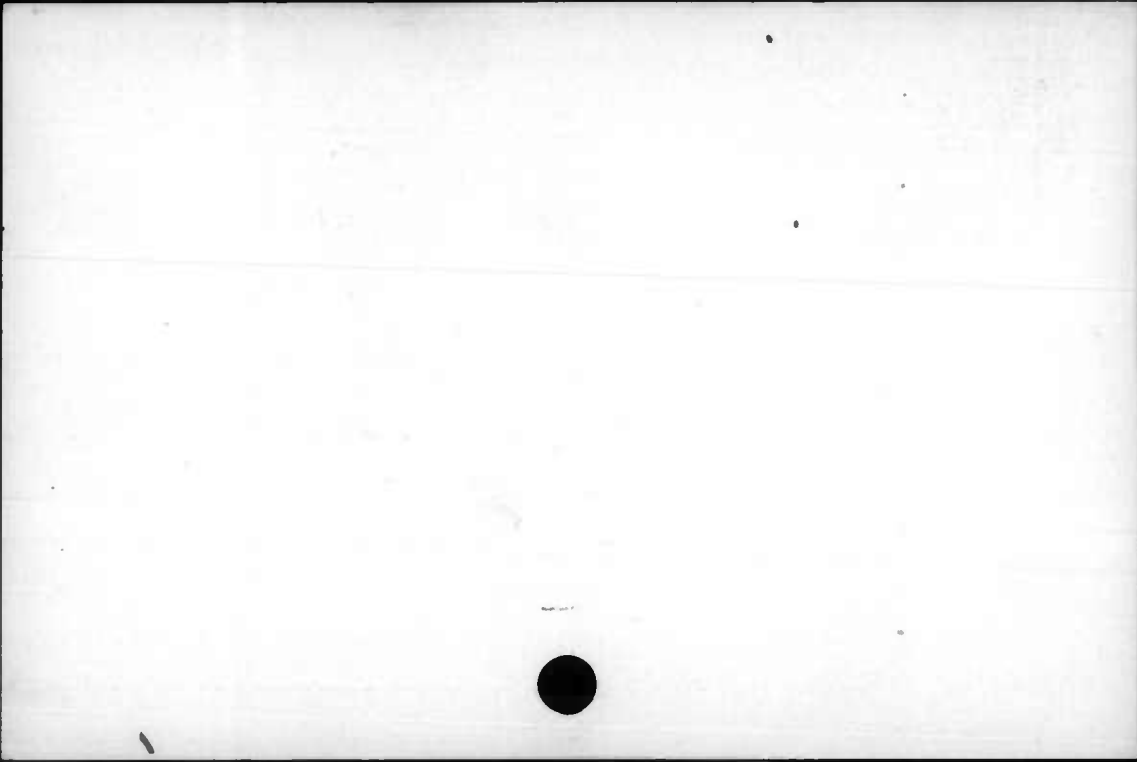
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Johns</i> Town		County <i>Dor</i>		MARYLAND	
Date of death 190	Month <i>8</i>	Day <i>11</i>	Age <i>0</i>	Years <i>1</i>	Months <i>24</i>
Sex <i>Male</i>	Color or Race <i>Levee</i>		Birth-place <i>Dor</i>		
Married, Single or Widowed <i>None</i>			Occupation <i>None</i>		
Name of Wife or Husband <i>None</i>					
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Sallie Johns</i>			Mother's Birthplace <i>Dor</i>		
Name of person giving information <i>Salesting Johns</i>			How related to deceased <i>grandfather</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Unknown</i>	(179)	How long
Immediate <i>Unknown</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. Roger Myers</i>	Address <i>W. H. H. H.</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Ernest Jones  
Town  
Cambridge

County

Dorchester

MARYLAND

Date

of death

1901

Month

Aug

Day

28th

Years

Age abt. 65

Months

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

Occupation

Laborer (general)

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Mary Jones

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
information

Mary Jones

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Typhoid fever

How long

4 weeks

Immediate

Asithemia

How long

Several days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

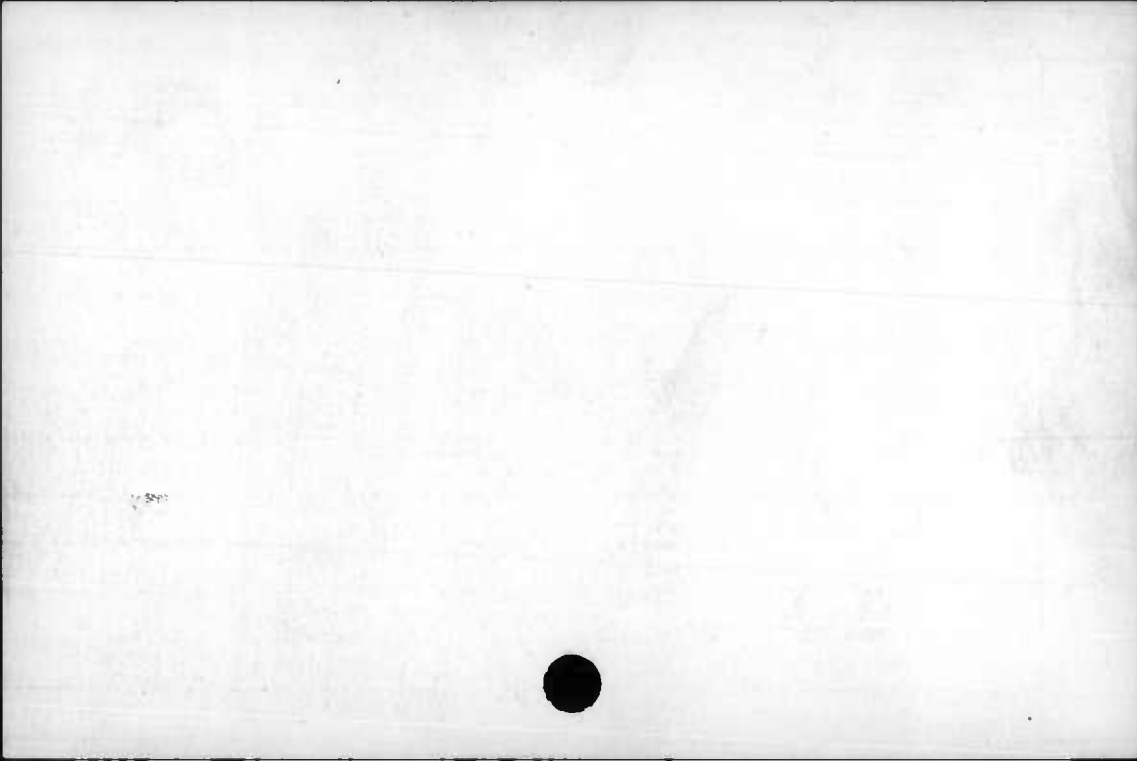
Signature of  
Physician

Dexter F. Reynolds M.D.

Address

Cambridge Md.

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Georgie Jones.*

Town *Hankeye* County *Dorchester* MARYLAND

Died at *Hankeye*

Date of death 1907 Month *08* Day *25* Age *7* Years Months Days

Sex *Female* Color or Race *Colored* Birthplace *Dor co*

Occupation *school* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Elbert Jones* Father's Birthplace *Dor co*

Mother's Maiden Name *Stella Waters* Mother's Birthplace *" "*

Name of person giving information *Elbert Jones* How related to deceased *Father*

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary *Burn by accident* How long *5 1/2 hours*

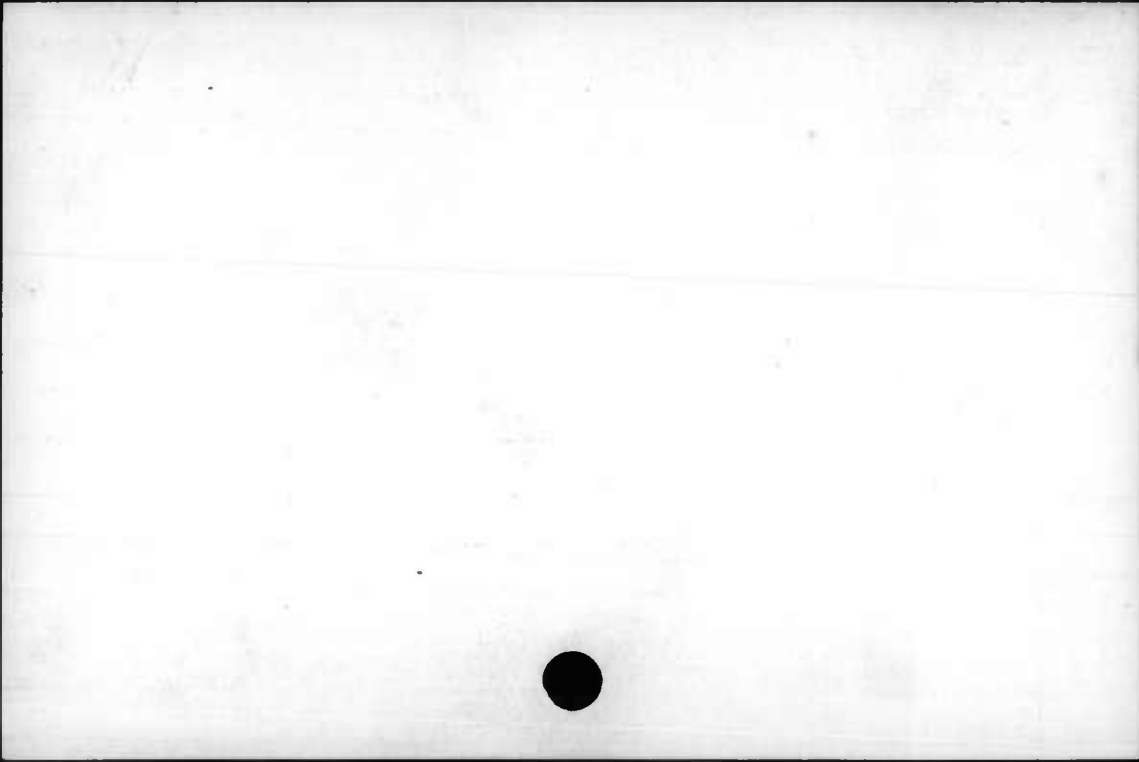
Immediate *Shock* How long *5 1/2 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Edward L. Jones*

Address *East New Market, Md.*

Accident or Suicide? \_\_\_\_\_



### CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Madison* Town

Town

County \_\_\_\_\_  
D. P. Hughes

County

## MARYLAND

<b>Date</b> of death	1907	<b>Month</b> August
-------------------------	------	------------------------

Month

Day 20<sup>th</sup>

Day

Age 74 Years

Years

Months

Days

Sex *Male*

Color or Race

Col

Birth-  
place

Dr. G. W.

Occupation *Farmer*

Where Residing if not  
at place of death

Married, Single or Widowed *Married*

Name of Wife or  
~~Husband~~

Sarah C. Folio

Father's Name James Rone

Father's Birthplace *Dr. Co. Ind*

Mother's ☒ Maiden Name *Unknown*

Mother's Birthplace Germany

Name of person giving information *Wm. H. Beebe*

How related to deceased *None*

### CAUSES OF DEATH

Primary Hemiplegia

How long Two Years

Immediate Anterior

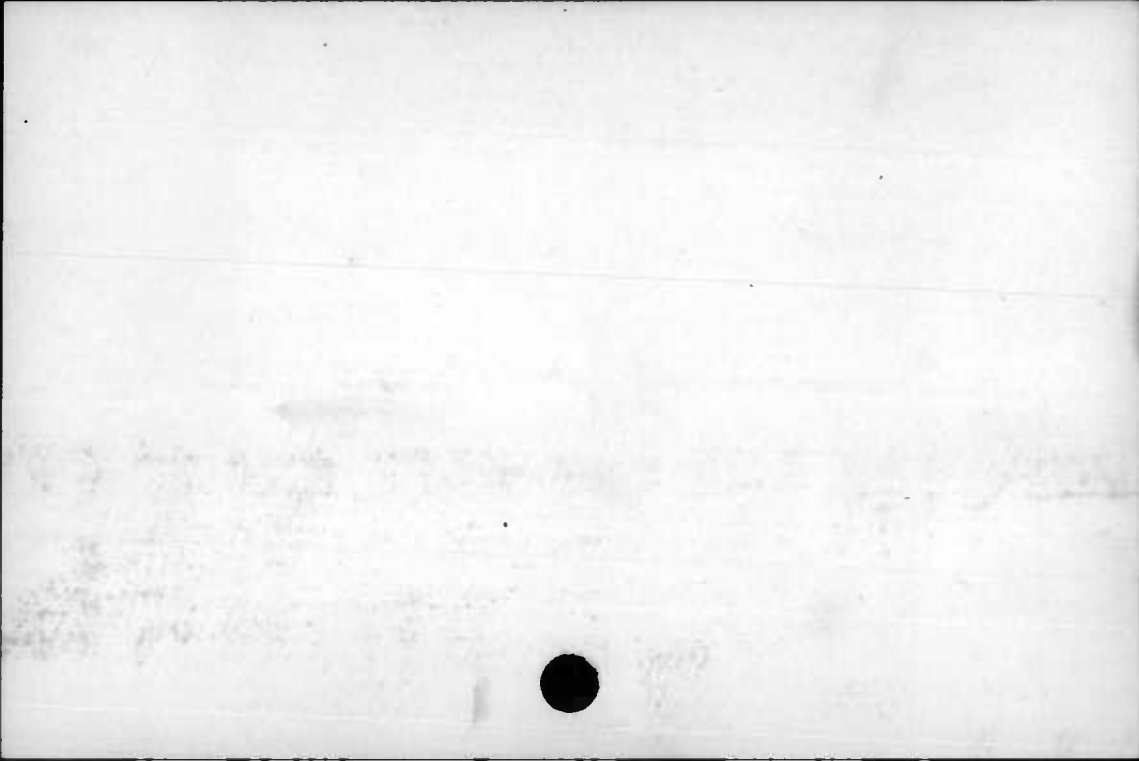
How long Unknown

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. L. Lovett*

Address Church Creek, Md.

## Accident or Suicide?



Name  
in  
Full

Newward Preston Beene

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

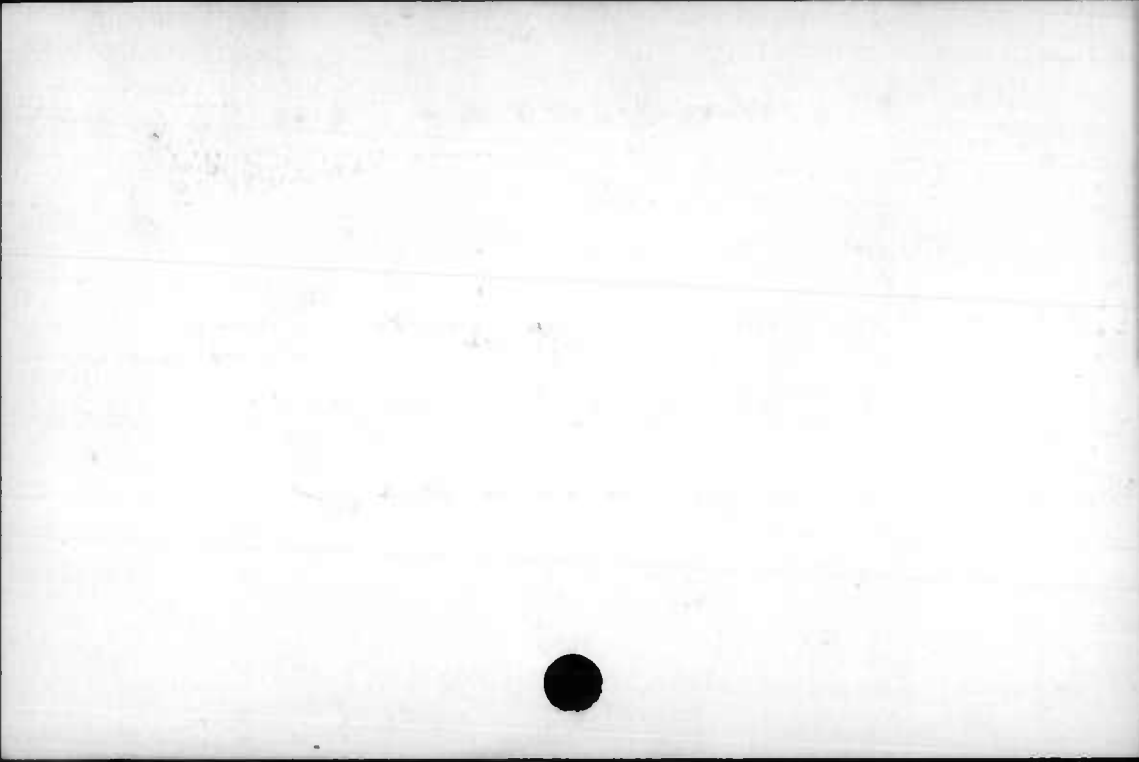
Died <i>near Church Creek</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death	1907	Month	August	Day	20 <sup>th</sup>	Age	2
Sex	Male	Color or Race	Col.	Months	3	Days	5
Occupation	Infant			Birth-place <i>Dor. Co. Md.</i>			
Where Residing if not at place of death							
Married, Single or Widowed	Infant			Name of Wife or Husband <i>Infant</i>			
Father's Name	<i>Charles E. Beene</i>			Father's Birthplace <i>Dor. Co. Md.</i>			
Mother's Maiden Name	<i>Hattie L. Beene</i>			Mother's Birthplace <i>Dor. Co. Md.</i>			
Name of person giving information	<i>Hattie E. Beene</i>			How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary	<i>Proteus, Enteric fever, Broncho Pneumonia</i>		How long	<i>for weeks</i>
Immediate	<i>Pneumonia</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. Barrall</i>		
		Address <i>Lambidge Md.</i>		
Accident or Suicide? <i>—</i>				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

James Lake  
Bulah

Town

Dorchester

County

MARYLAND

Date

of death 1907

Month

Aug

Day

23

Age

Years

77

Months

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Maryland

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

married

Name of Wife or  
Husband

Hester Lake

Father's  
Name

Don't know

Father's  
Birthplace

Don't know

Mother's  
Maiden Name

Cassie Woolford

Mother's  
Birthplace

Maryland

Name of person giving  
information

Monroe Jenkins

How related  
to deceased

Grandson

## CAUSES OF DEATH

79

Primary

Tubercular disease of heart

Immediate

General dropsy

How long

One month

Are the name, age, sex, color, date  
and place correctly given above?

yes

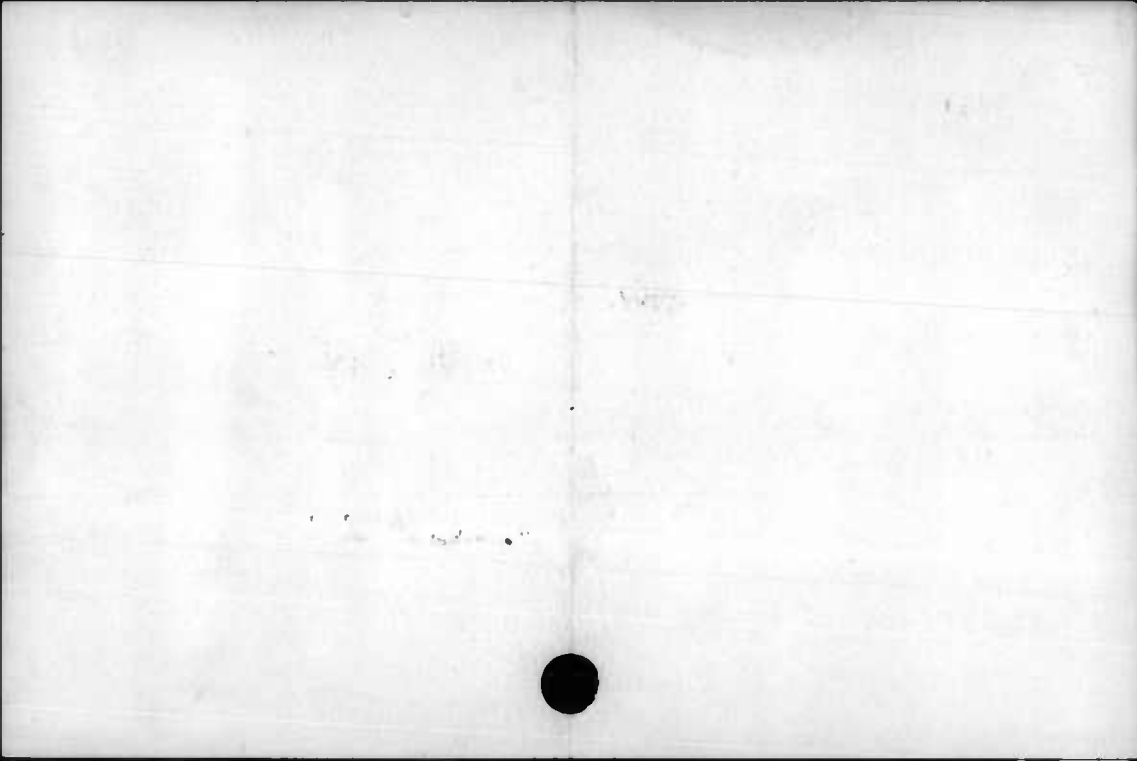
Signature of  
Physician

Address

J. L. Hobbs  
Briston  
Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

Vermond Lane

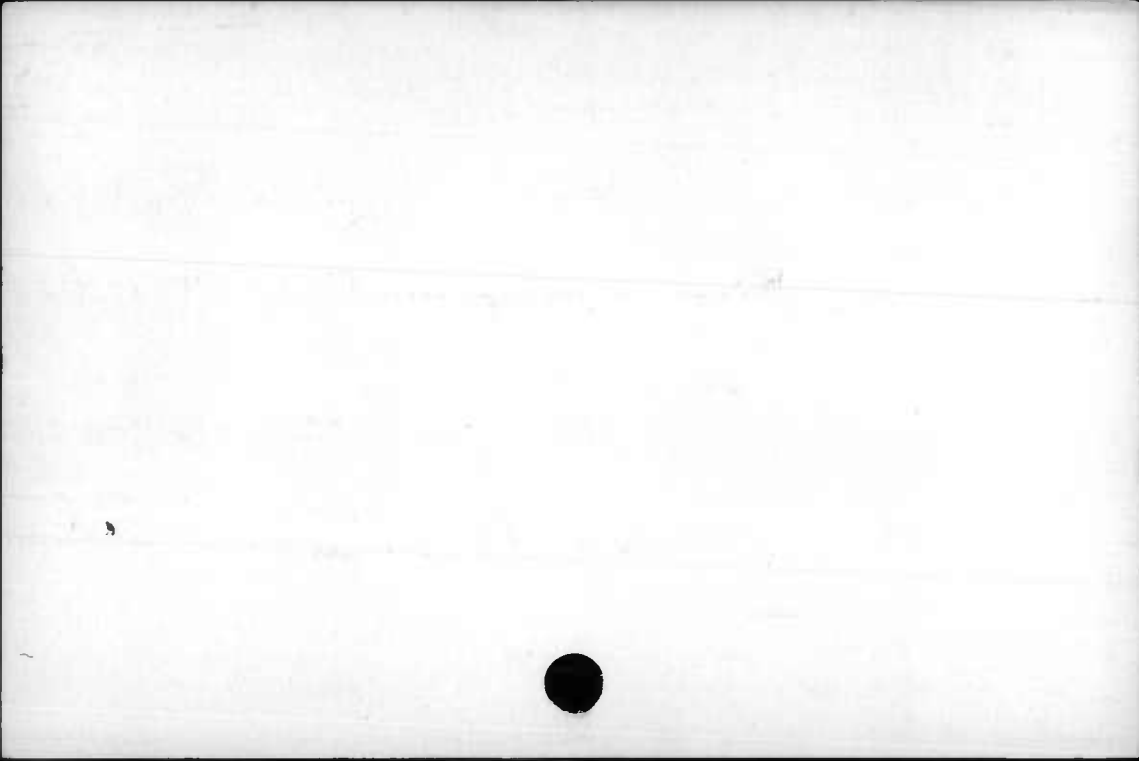
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Madison</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>August</i>	Day <i>4<sup>th</sup></i>	Age <i>1</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Col.</i>		Birth place <i>Dorchester Co., Md.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>Infant</i>				
Father's Name <i>Purnell Lane</i>	Father's Birthplace <i>Dorchester Co., Md.</i>				
Mother's Maiden Name <i>Lelatie Banks</i>	Mother's Birthplace <i>Dor. Co. Md.</i>				
Name of person giving information <i>Burtis Lane</i>	How related to deceased <i>Grand father</i>				

## CAUSES OF DEATH

Primary <i>Enteric Colitis</i>	<i>105</i>	How long <i>Two weeks</i>
Immediate <i>Inanition</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>P. L. Levitticum M.D.</i>	
	Address <i>Church Creek, Md.</i>	
Accident or Suicide?		



Name  
in  
Full

Thomas Luckie

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

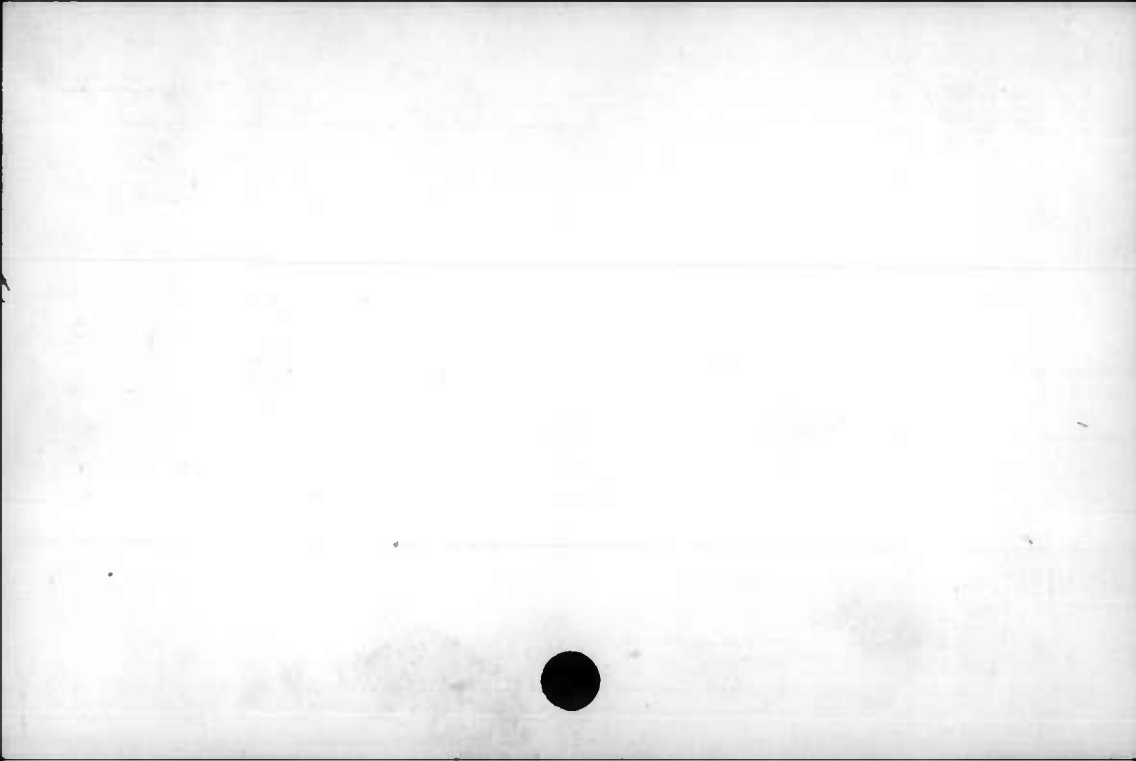
Died at <i>East New Market</i> Town		<i>Dorchester Co.</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>August</i>	Day <i>21<sup>st</sup></i>	Years <i>58</i>	Months <i>4</i>	Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>East New Market</i>		
Occupation <i>Surveyor</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annie Wright Luckie</i>				
Father's Name <i>John A. Luckie</i>	Father's Birthplace <i>Dor. Co. Md</i>				
Mother's Maiden Name <i>Ann Rebecca Thomas</i>	Mother's Birthplace <i>Dor. Co., Md.</i>				
Name of person giving information <i>Mrs. S. P. Luckie</i>		How related to deceased <i>Step. mother</i>			

## CAUSES OF DEATH

(167)

PHYSICIAN  
OR CORONER

Primary <i>Burn by boiling water</i>	How long <i>Two weeks</i>
Immediate <i>Coma</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edward L. Jones</i>
	Address <i>East New Market, Md</i>
Accident or Suicide?	



Name  
in  
Full

James H. Lord

## CERTIFICATE OF DEATH

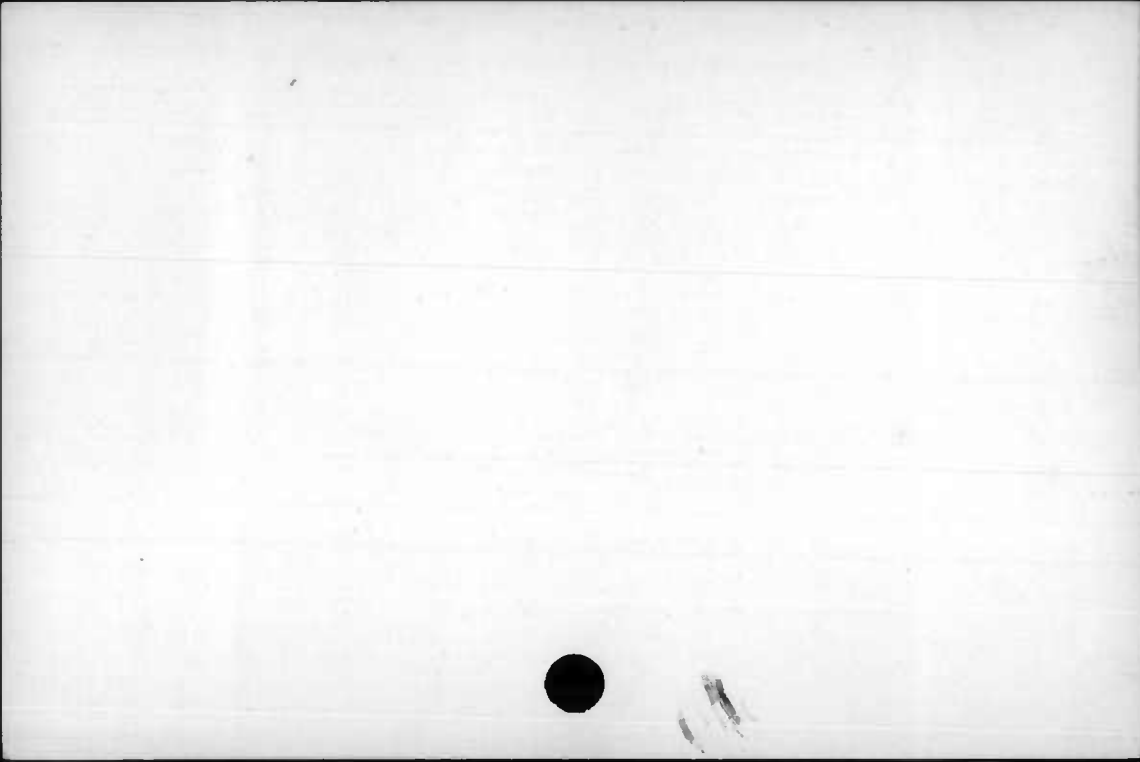
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brookview</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death	<i>1907 Aug.</i>	Day <i>2</i>	Age <i>75</i> Years	Months —	Days —
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Don't Know</i>		
Occupation <i>Don't Know</i>			Where Residing if not at place of death —		
<del>Married</del> Single <del>or Widowed</del>		Name of Wife or Husband —			
Father's Name <i>Don't Know</i>		Father's Birthplace <i>Don't Know</i>			
Mother's Maiden Name <i>Don't Know</i>		Mother's Birthplace <i>Don't Know</i>			
Name of person giving information <i>A. J. Hitch</i>		How related to deceased <i>not at all</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's Kidney</i>	<i>120</i>	How long <i>Don't Know</i>
Immediate <i>Don't Know</i>		How long <i>Don't Know</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. J. Price</i>	Address <i>Vienna, Md.</i>
Accident or Suicide?		



Name  
in  
Full

Ellen McBready

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

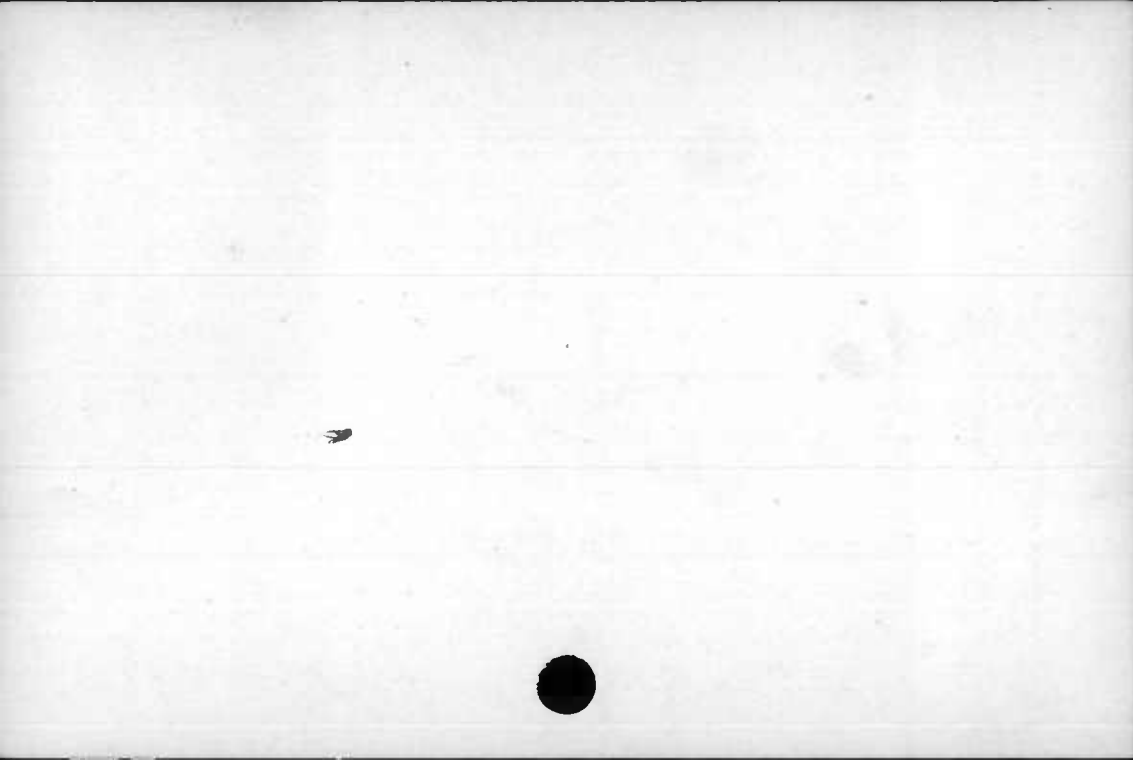
Died at <u>Ellistt</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug.</u>	Day <u>14</u>	Years <u>66</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Don't know</u>		
Occupation <u>Don't know</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Don't know</u>		Father's Birthplace <u>Don't know</u>			
Mother's Maiden Name <u>Don't know</u>		Mother's Birthplace <u>Don't know</u>			
Name of person giving information <u>Capt. Jones</u>		How related to deceased <u>Don't know</u>			

## CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

Primary <u>Don't know Dysenterry</u>	How long <u>Don't know</u>
Immediate <u>Don't know</u>	How long <u>Don't know</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. J. Pries</u>
	Address <u>Vienna, Md.</u>
Accident or Suicide? <u>Natural death</u>	





Name  
in  
Full

not named

Maddox

## CERTIFICATE OF DEATH

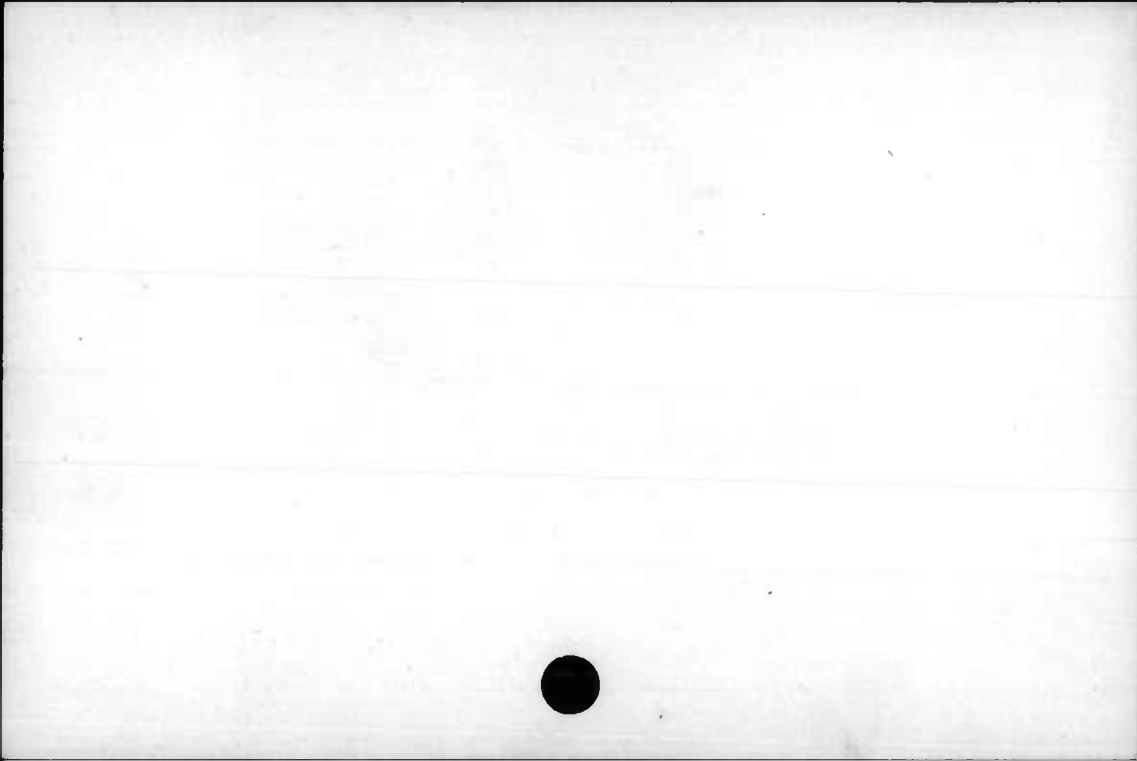
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hurlock</u>		Town		County <u>Don</u>		MARYLAND	
Date of death 190 <u>7</u>	Month <u>8</u>	Day <u>10</u>	Age <u>270</u>	Years	Months <u>0</u>	Days <u>1</u>	
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Hurlock</u>			
Married, Single or Widowed <u>✓</u>			Occupation <u>none</u>				
Name of Wife or Husband <u>none</u>							
Father's Name <u>Corroll Maddox</u>				Father's Birthplace <u>Virginia</u>			
Mother's Maiden Name <u>Mabel Rice</u>				Mother's Birthplace <u>Frederick</u>			
Name of person giving information <u>Corroll Maddox</u>				How related to deceased <u>father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Fracture</u>	(151)	How long
Immediate <u>The Bone</u>		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>George Myers</u>	
	Address <u>Hurlock md</u>	
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

James L. Marshall

TO BE ANSWERED BY  
NEAREST FRIEND

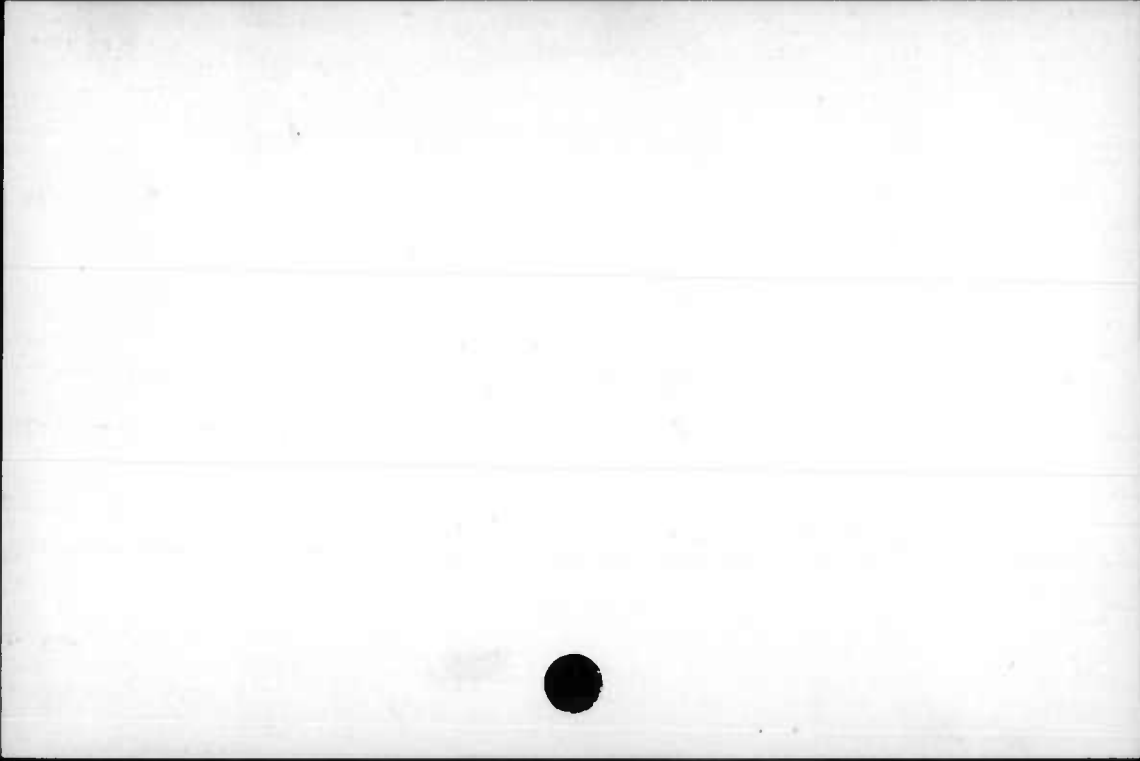
Died at <u>Hudson</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u> <sup>Month</sup> <u>Aug</u> <sup>Day</sup> <u>19</u> <sup>Years</sup> <u>68</u>	Age <u>68</u>		Months <u>—</u>		Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Wm. Co. Md.</u>			
Occupation <u>Painter</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Josephine Marshall</u>				
Father's Name <u>Lewis Marshall</u>	Father's Birthplace <u>Md.</u>		Mother's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Nellie Saward</u>	How related to deceased <u>S. in law</u>				
Name of person giving information <u>L. J. Bennett</u>					

## CAUSES OF DEATH

41

PHYSICIAN  
OR CORONER

Primary <u>Cancer of lower bowel</u>	How long <u>1 yr</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S. A. Stokes</u>
	Address <u>Cambridge</u>
	<u>Rt 05 - Md</u>
Accident or Suicide?	



Name  
in  
Full

Eva Meekins

## CERTIFICATE OF DEATH

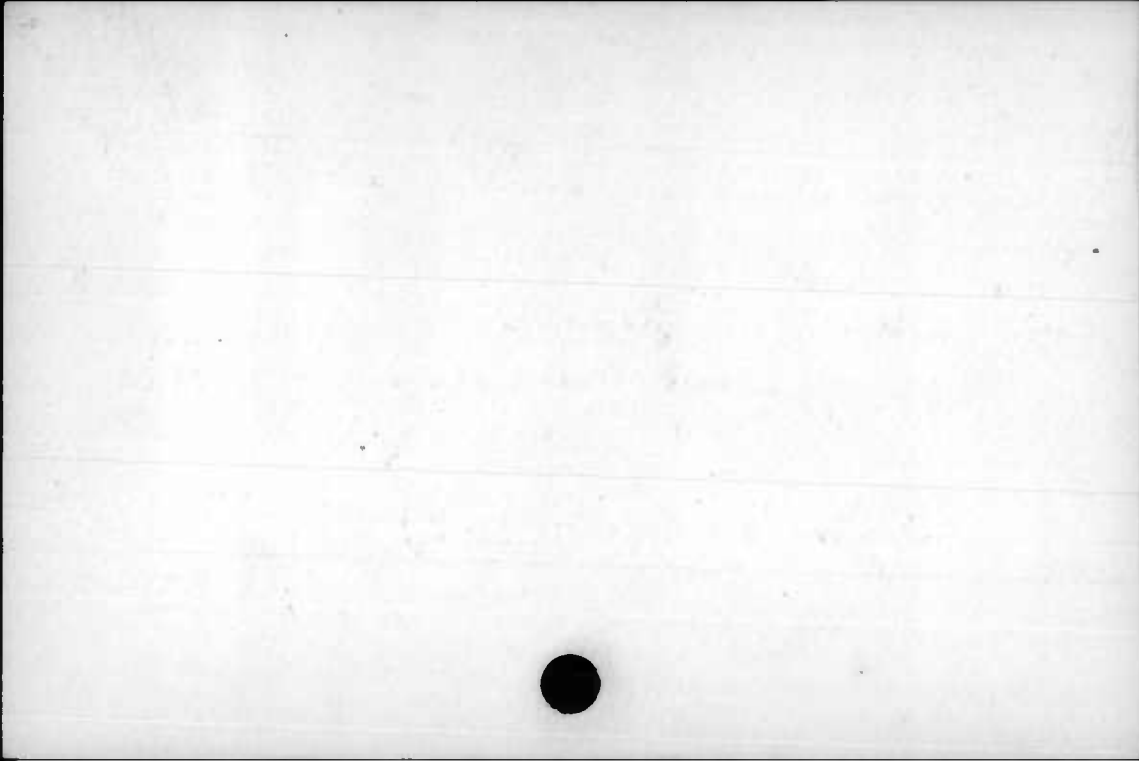
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <sup>Town</sup> <u>Dorchester</u> <sup>County</sup> <u>MARYLAND</u>	
Date of death <u>1907</u> <sup>Month</sup> <u>August</u> <sup>Day</sup> <u>30</u> <sup>Years</sup> <u>16</u> <sup>Months</sup> <u>8</u> <sup>Days</sup> <u></u>	
Sex <u>female</u> <sup>Color or Race</sup> <u>colored</u> <sup>Birth-place</sup> <u>Cambridge</u>	
Occupation <u>Servant</u> <sup>Where Residing if not at place of death</sup> <u></u>	
Married, Single or Widowed <u>Single</u> <sup>Name of Wife or Husband</sup> <u></u>	
Father's Name <u>Frank Meekins</u> <sup>Father's Birthplace</sup> <u>Lakesville</u>	
Mother's Maiden Name <u>Amelia Cornish</u> <sup>Mother's Birthplace</sup> <u>Madison</u>	
Name of person giving information <u>Amelia Meekins</u> <sup>How related to deceased</sup> <u>Mother</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u> <sup>How long</sup> <u>One year</u>	(27)
Immediate <u>Asphyxiation</u> <sup>How long</sup> <u>One hour</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Victor F. Lawrence</u>
	Address <u>Cambridge Md</u>
Accident or Suicide? <u></u>	



Name

in  
Full

John O. Mills

## CERTIFICATE OF DEATH

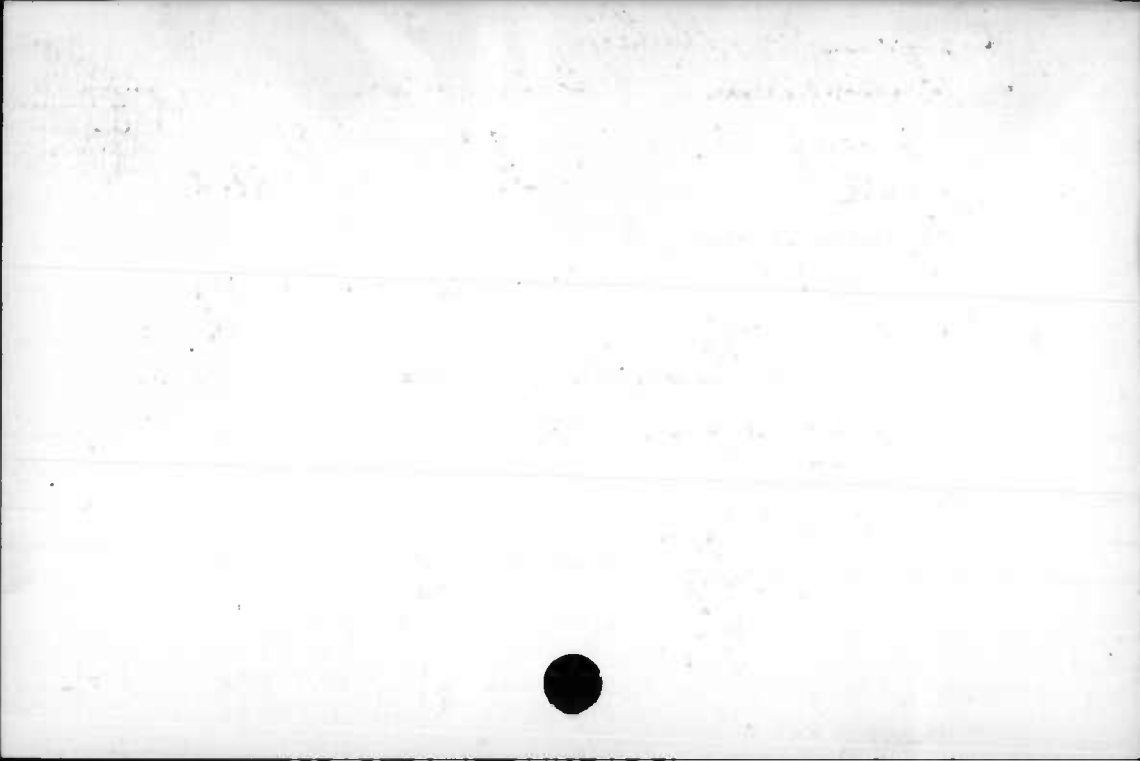
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Butler Head</i> <small>Town</small>		<i>Severn</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Year</small>	<i>Aug</i> <small>Month</small>	<i>22</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>1</i> <small>Months</small> <i>8</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John O. Mills</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Sarah E. Lightfoot Jones</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Sarah E. Mills</i>	How related to deceased <i>Mother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gastro Enteritis</i>	<i>105</i>	How long <i>2 weeks</i>
Immediate <i>Convulsion</i>		How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. A. Jones</i>	
	Address <i>Severn, Md.</i>	
Accident or Suicide? <i>—</i>		





Name  
in  
Full

Frd Mansman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumtndy</u> <sup>Town</sup>		<u>Dorchest</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>14</u>	Age <u>40</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Pittsburg Pa</u>		
Occupation <u>Contractor</u>			Where Residing if not at place of death <u>Pittsburg Pa</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Mansman</u>				
Father's Name <u>Not Known</u>	Father's Birthplace <u>Not Known</u>				
Mother's Maiden Name <u>Not Known</u>	Mother's Birthplace <u>Not Known</u>				
Name of person giving In formation <u>Mary Mansman</u>			How related to deceased <u>wife</u>		

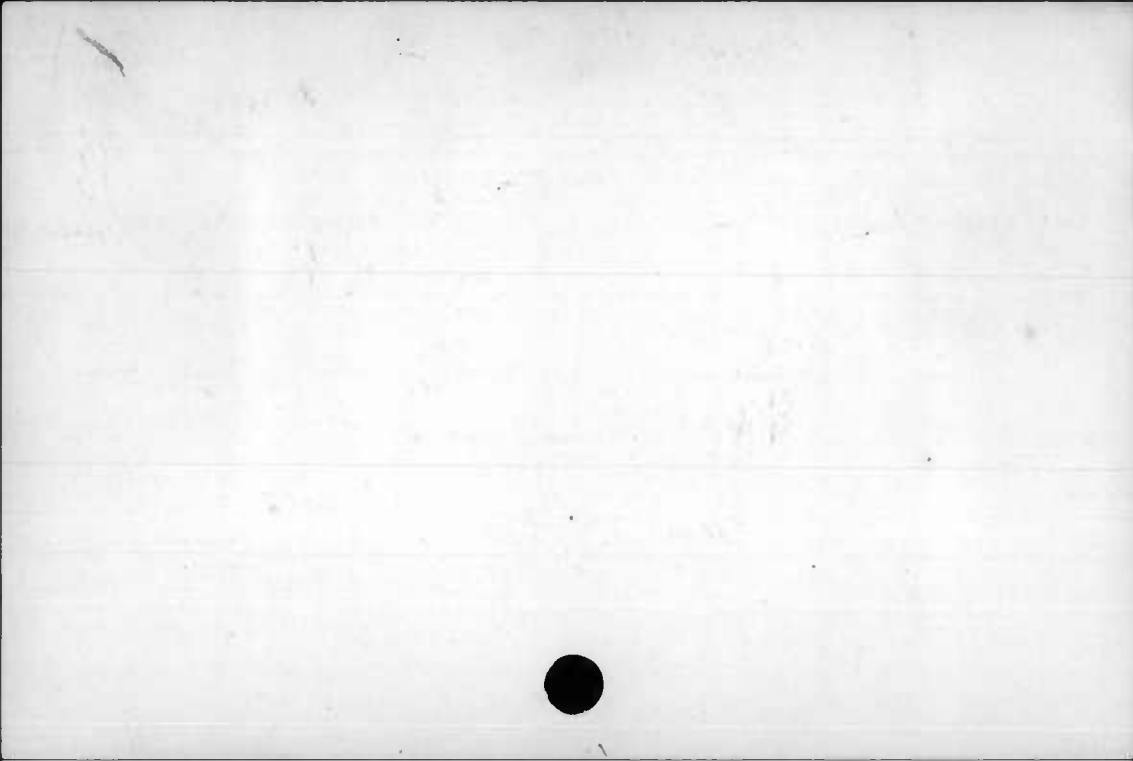
Struck in abdomen by a piece of bronze  
cannon, penetrating the abdominal wall.

## CAUSES OF DEATH

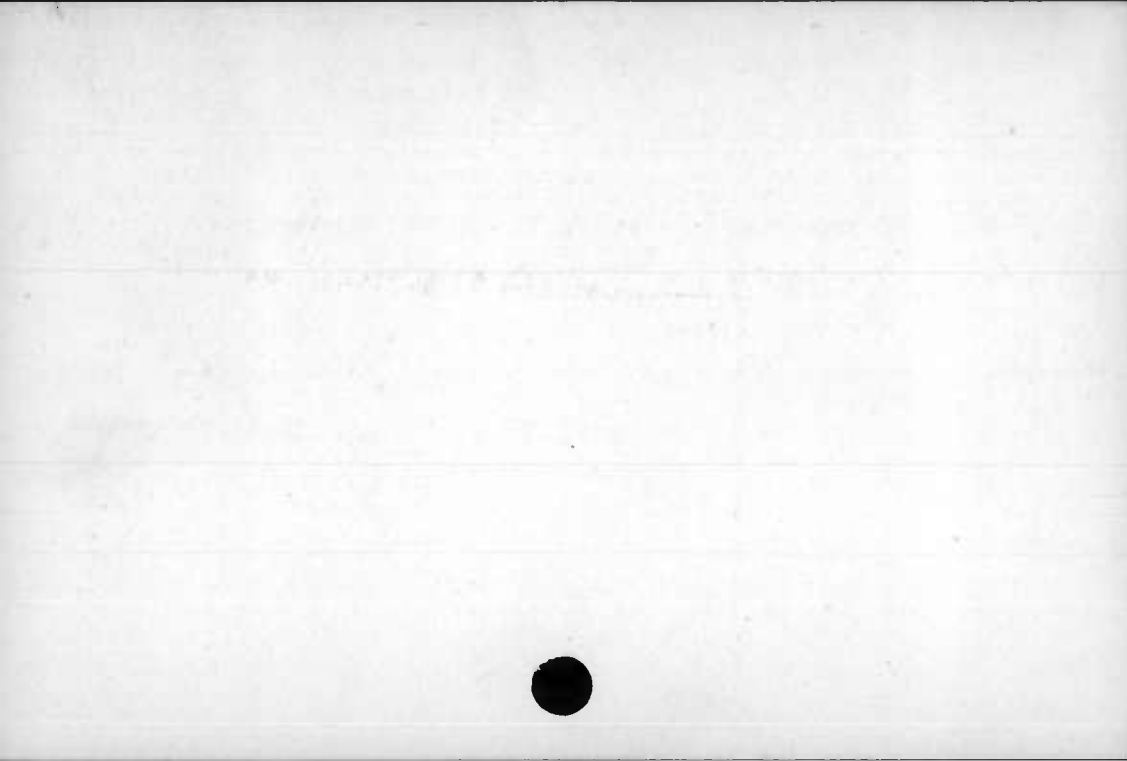
166

PHYSICIAN  
OR CORONER

Primary <u>Contused wound of Abdomen</u>	How long <u>2 days</u>
Immediate <u>General Peritonitis</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John Mace</u>
	Address <u>Cumtndy</u>
Accident or Suicide? <u>  </u>	



Name in Full		John Aaron McRoberts				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cambridge		County Dorchester		MARYLAND
	Date of death	1907	Month August	Day 6	Age 67	Years 67	Months 7
	Sex Male		Color or Race White		Birth-place Dorchester Co.		
	Occupation None		Where Residing if not at place of death Cambridge, Md.				
	Married, Single or Widowed Married		Name of Wife or Husband Mary McRoberts				
	Father's Name Eric Brown		Father's Birthplace Eric Brown				
	Mother's Maiden Name Eric Brown		Mother's Birthplace Eric Brown				
Name of person giving information		James Stassen				How related to deceased Brother in Law	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Heart Trouble				How long —
	Immediate		Heart Disease				How long Said not clearly
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician No physician attending		
					Address German-Sullivan J.P.		
	Accident or Suicide?				Sole-Registrars		



Name  
in  
Full

Joel Omenski

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

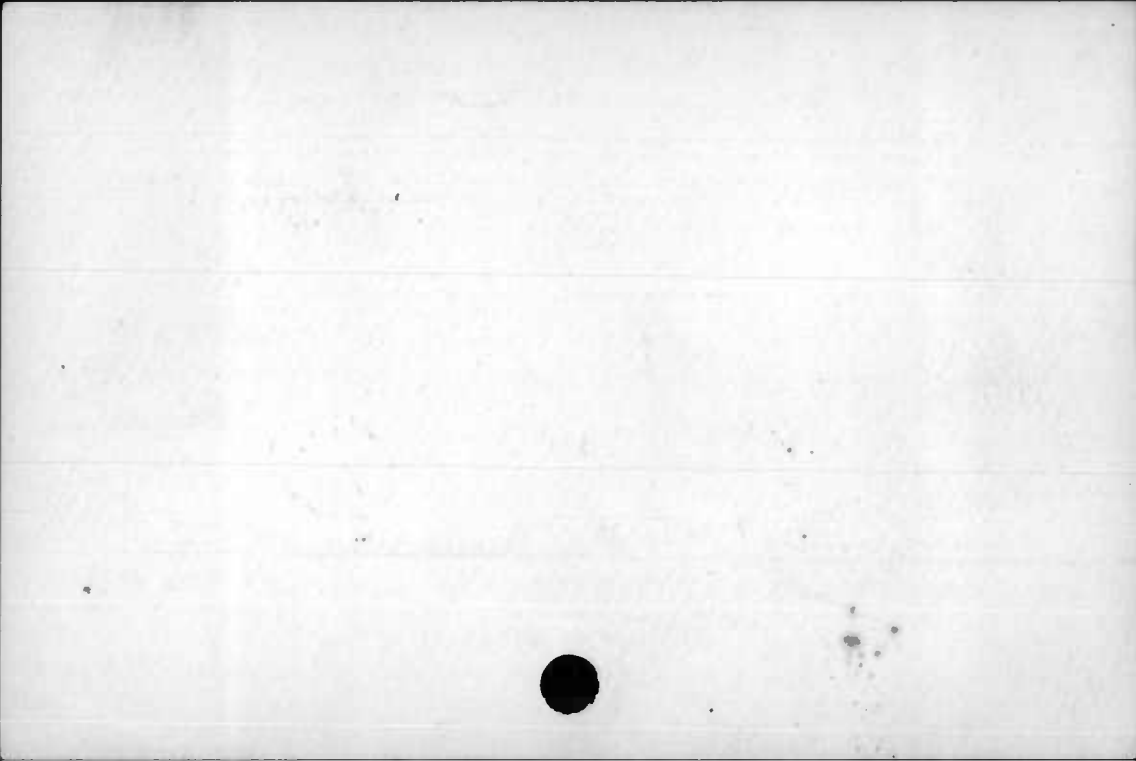
Died at <u>Cambridge</u> <sup>Town</sup>		<u>Whester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	<u>Aug.</u> <sup>Month</sup>	<u>24</u> <sup>Day</sup>	<u>5</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>Baltimore Md</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Not Known</u>			Father's Birthplace <u>Not Known</u>		
Mother's Maiden Name <u>Egnes Omenski</u>			Mother's Birthplace <u>Bohemia</u>		
Name of person giving information <u>Egnes Omenski</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long <u>1 week</u>
Immediate <u>Complete rupture of lungs</u>	How long <u>12 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Eug Steel</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

John E. Opher

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

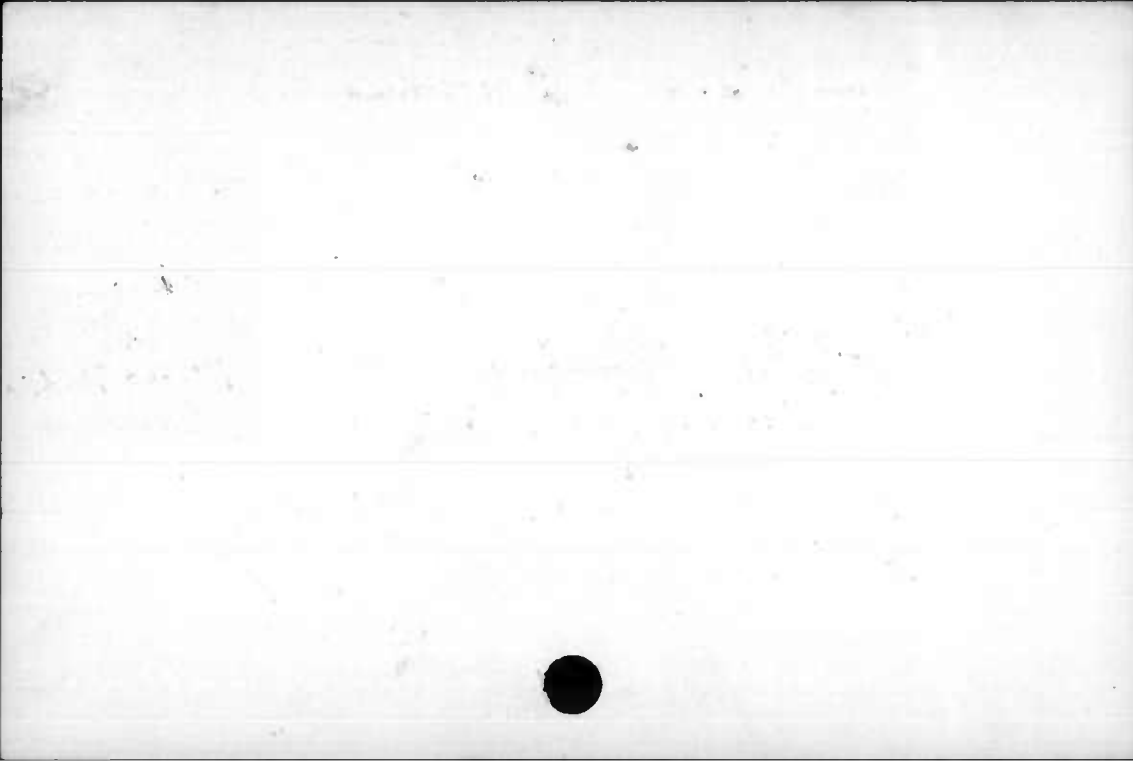
Died at <u>Madison</u> <sup>Town</sup>		<u>Dorchester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	Month <u>Augt.</u>	Day <u>14</u>	Age <u>65</u> <sup>Years</sup>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Near Madison</u>			
Occupation <u>Farmer &amp; laborer</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Charles Anna Opher</u>				
Father's Name <u>Andrew Opher</u>	Father's Birthplace <u>Dor. Co. Md</u>				
Mother's Maiden Name <u>Not Known</u>	Mother's Birthplace <u>Dor. Co. Md</u>				
Name of person giving information <u>Myself</u>		How related to deceased <u>Physician</u>			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <u>Valvular heart disease</u>	How long <u>Several Months</u>
Immediate <u>Oedema &amp; Exhaustion</u>	How long <u>Several Weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>So far as known, Yes</u>	Signature of Physician <u>B. L. Smith M.D.</u>
	Address <u>Madison, Md.</u>
Accident or Suicide?	





Name in Full Stephen Guy Padon CERTIFICATE OF DEATH

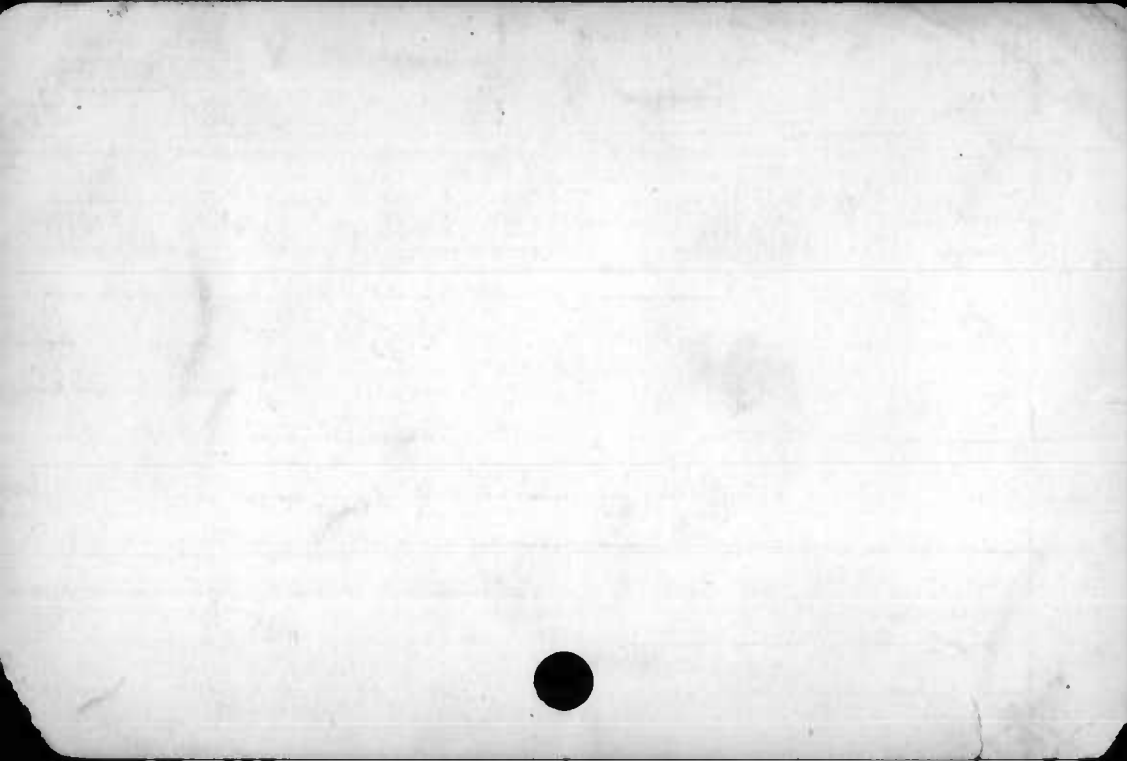
Town near Shuman Creek County Dorchester  
Died at  
Date of death 1907 Aug 12 Month Aug Day 12 Age 7 Years 19 Months 7 Days 19  
Sex Male Color or Race Colored Birth-place Dorchester  
Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —  
Father's Name Alfred Padon Father's Birthplace Dorchester  
Mother's Maiden Name Mary J. Brown Mother's Birthplace Dorchester  
Name of person giving information Elizabeth Padon How related to deceased Father

CAUSES OF DEATH

104

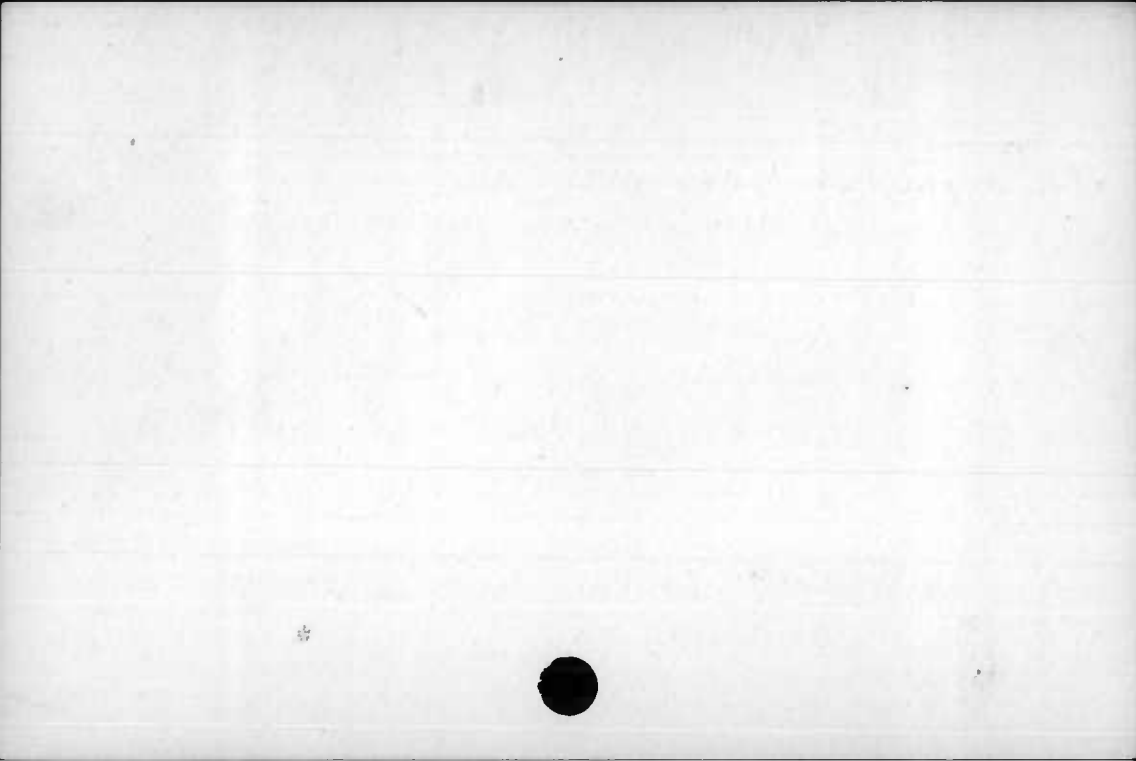
Primary Typhoid How long About 4 weeks  
Immediate Acute Indigestion How long 2 hours  
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Victor H. Howell  
Address Cambridge, Md.  
Accident or Suicide? —



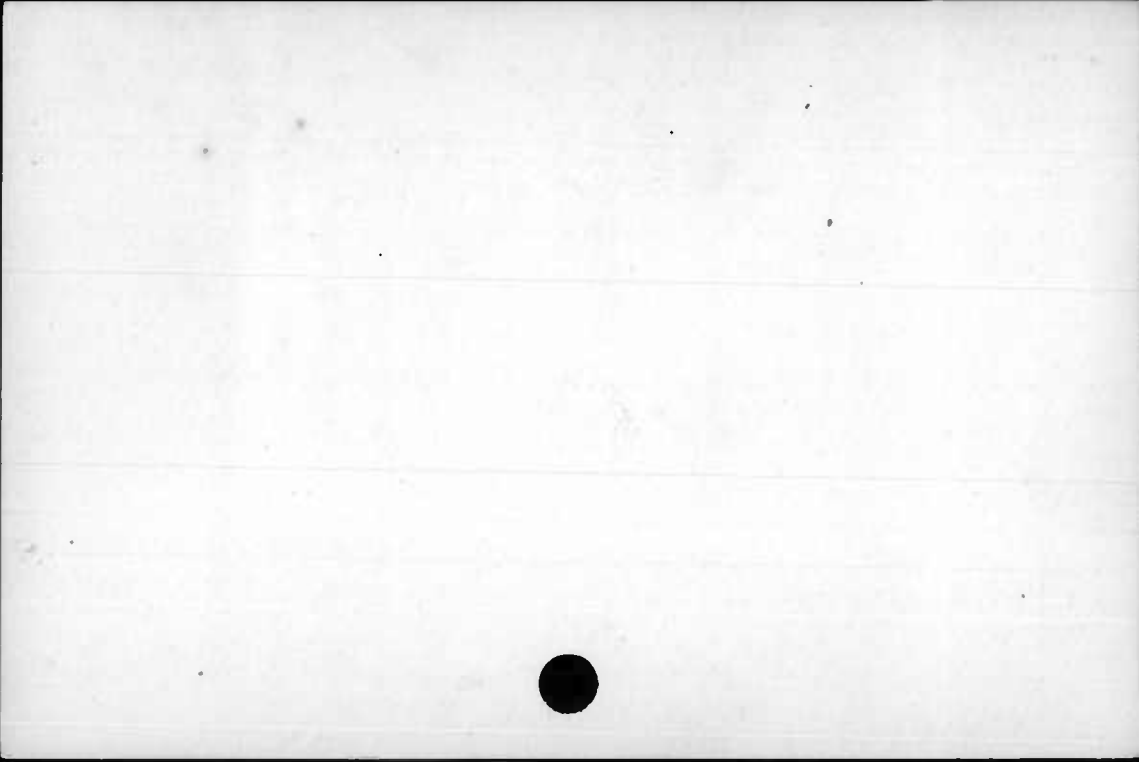
Name in Full <b>Lulu Parrington</b>		Town <b>Cambridge</b>		County <b>Dorchester</b>		CERTIFICATE OF DEATH	
Died at		MAYLAND					
Date of death		Month		Day		Years	
1907		Aug.		19		Age 12	
Sex		Color or Race		Birth-place		The	
female		Colored		Cambridge			
Occupation		Where Residing if not at place of death					
Infant							
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Don't know		Father's Birthplace			
Mother's Maiden Name		Jane Stafford		Mother's Birthplace		Dorchester Co.	
Name of person giving information		Wm J. Stiles		How related to deceased		Grandfather	
		CAUSES OF DEATH		151			
Primary		Marasmus		How long			
Immediate		Exhaustion		How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		No physician	
				Address		Cambridge, Sullivan J. B.	
						Bldg - Registrar	
Accident or Suicide?							

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full		Peter Pepples				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cambridge		Middlesex		MARYLAND	
	Date of death	1901	Aug	14	Age	58	Months — Days —
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Merchant		Where Residing if not at place of death		H.F.	
	Married, Single or Widowed	Married		Name of Wife or Husband		Irisa Porter	
	Father's Name	Mrs Pepples		Father's Birthplace		Germany	
	Mother's Maiden Name	Unknown		Mother's Birthplace		Unknown	
	Name of person giving information	Irisa Pepples		How related to deceased		Wife	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Unknown			How long	64	
	Immediate	Apoplexy			How long	a few minutes	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		Gus Stuck	
				Address		Cambridge Md	
	Accident or Suicide?			Died when I reached house			



Name  
in  
Full

Gilbert Pinder

## CERTIFICATE OF DEATH

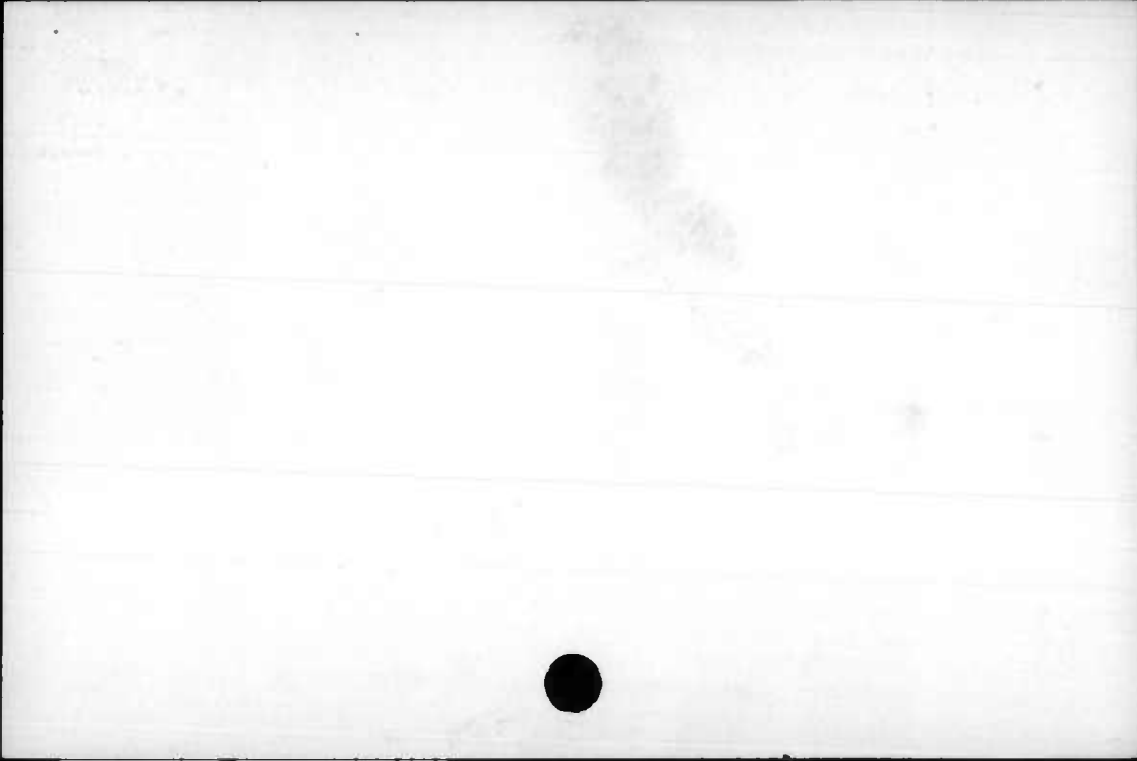
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Hurlock</i>		<sup>County</sup> <i>Dorchester</i>		MARYLAND	
Date of death	1907	Month	Aug	Day	12
Age		One		Years	-
Sex		Male		Color or Race	colored
Occupation		Infant		Birth-place	Md
Where Residing if not at place of death		-			
Married, Single or Widowed		Name of Wife or Husband <i>Martha J. Pinder</i>			
Father's Name		Unknown		Father's Birthplace -	
Mother's Maiden Name		<i>Martha J. Pinder</i>		Mother's Birthplace <i>Wyd</i>	
Name of person giving information		<i>Thomas Pinder</i>		How related to deceased <i>Grand Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Aspiration</i>	How long	<i>7 months</i>
Immediate	<i>Aspiration</i>	How long	<i>7 months</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>D. McGuire</i>	
Address		<i>Hurlock Md</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

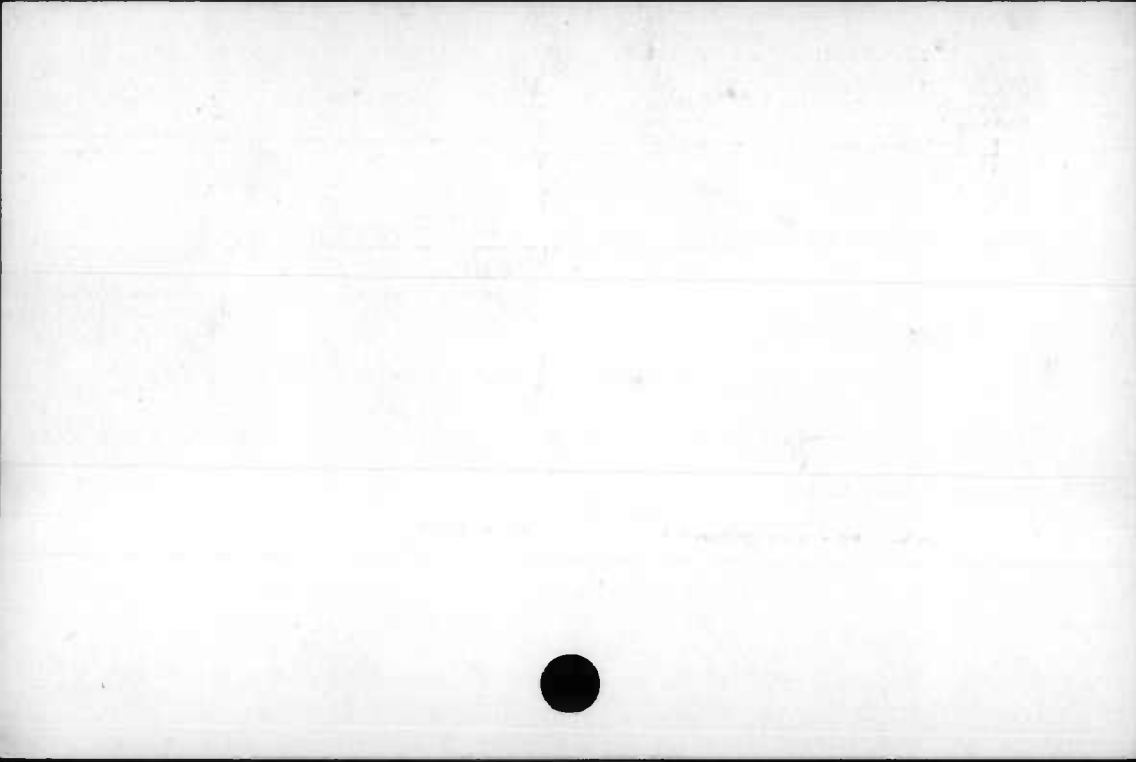
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Granville Reed</i>		Town <i>East New Market</i>		County <i>Albermarle</i>		STATE <i>MARYLAND</i>	
Died at <i>East New Market</i>		Month <i>Aug</i>		Day <i>13</i>		Years <i>6</i>	
Date of death <i>1907</i>		Month <i>Aug</i>		Day <i>13</i>		Years <i>6</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birthplace <i>Wd</i>			
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>-</i>				Name of Wife or Husband <i>-</i>			
Father's Name <i>Ezekiel Reed</i>				Father's Birthplace <i>Wd</i>			
Mother's Maiden Name <i>Bertha Hemminger</i>				Mother's Birthplace <i>Wd</i>			
Name of person giving information <i>Ezekiel Reed</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>7 days</i>
Immediate <i>Enterocolitis</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. J. Maguire</i>
	Address <i>Shirlock Md</i>
Accident or Suicide? <i>-</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

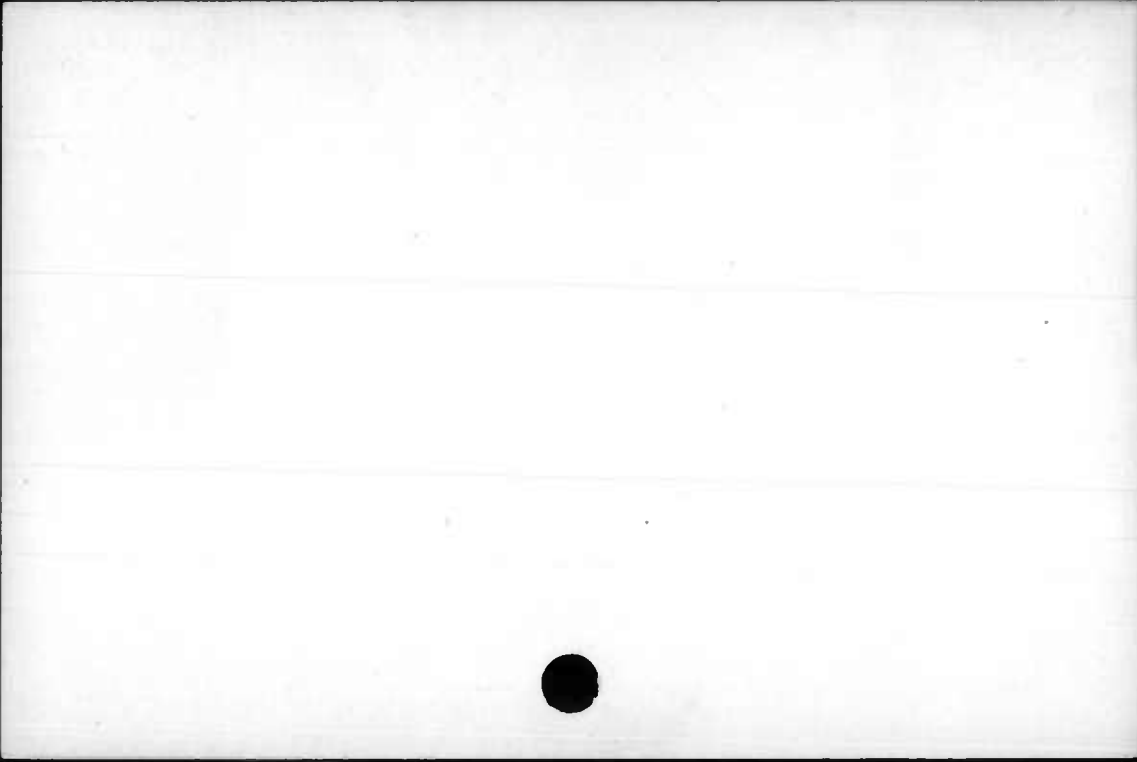
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brocheron</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907 Aug</i> <sup>Month</sup>		<i>2</i> <sup>Day</sup>	Age <i>21</i> <sup>Years</sup>	<i>5</i> <sup>Months</sup>	<i>22</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Cystron or</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Penssionie Riley</i>			
Father's Name <i>Gas. W. Riley</i>		Father's Birthplace <i>N. Y.</i>			
Mother's Maiden Name <i>Sarah Elizabeth Mills</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Penssionie Riley</i>		How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Drowning</i>	<i>172</i>	How long
Immediate <i>Drowning</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. A. Jones</i>	
	Address <i>600 So. Md</i>	
Accident or <i>Yes</i>		



Name  
in  
Full

William E. St-blair

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

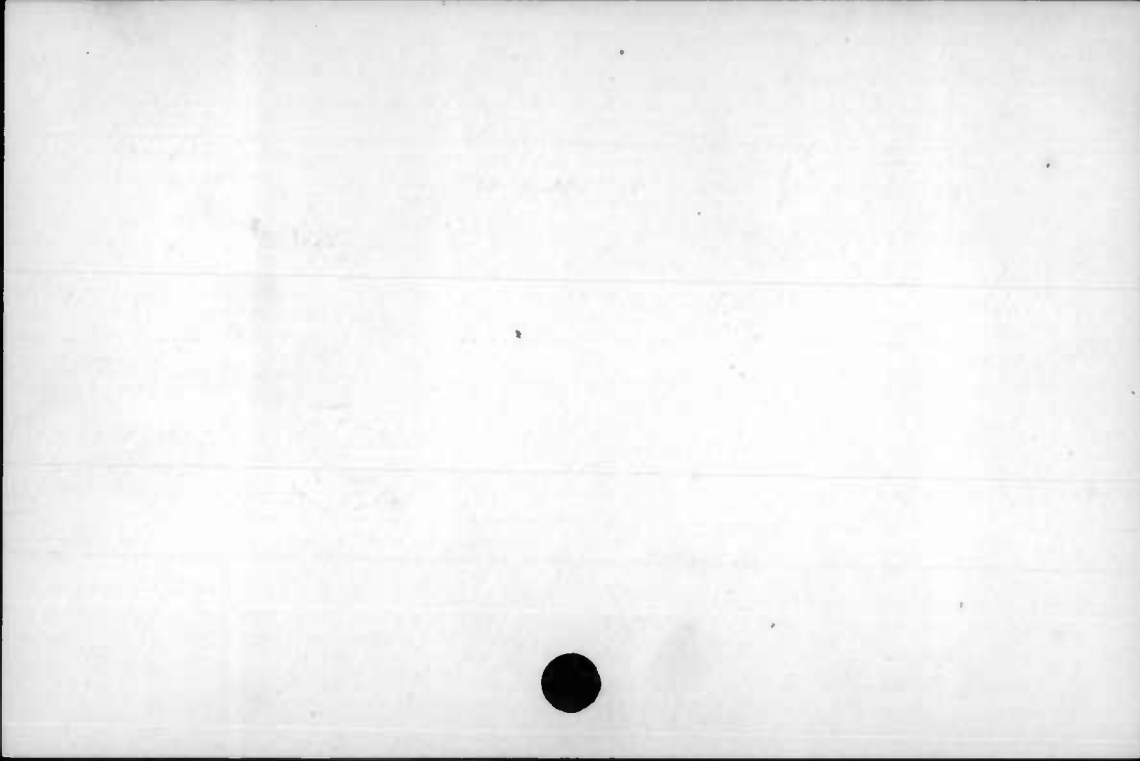
Died at, <u>Cambridge</u> <sup>Town</sup>		<u>Dorchester</u> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	Aug	Day	9
Age		24		Years	
Sex	Male	Color or Race	Colored	Birth-place	MD
Occupation	Waiter		Where Residing if not at place of death		
Married, Single or Widowed		Single			
Name of Wife or Husband		—			
Father's Name	Cyrris St-blair			Father's Birthplace	MD
Mother's Maiden Name	Katie James			Mother's Birthplace	MD
Name of person giving information	Mamie St-blair			How related to deceased	Sister Mother

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	18 Months
Immediate	General Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Wm. Stull	
Address		Cambridge & Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lloyd's</i> <sup>Town</sup>		<i>Borchester</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	Aug	Day	26
Sex	Female	Color or Race	White	Age	72
Occupation	Housewife		Birth-place	<i>bor. Co., Md</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Chas Seward</i>		
Father's Name	<i>Geo Applegarth</i>		Father's Birthplace	<i>Lloyds Md</i>	
Mother's Maiden Name	<i>Mary Lambdin</i>		Mother's Birthplace	<i>Hills P.O., Md</i>	
Name of person giving information	<i>Geo A Seward</i>		How related to deceased	<i>son</i>	

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary	<i>Obstructive jaundice (malignant)</i>	How long	<i>4 mos.</i>
Immediate	<i>cholelithiasis</i>	How long?	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		
Signature of Physician	<i>S A Stokes</i>		
Address	<i>3705 Cambridge</i>		
Accident or Suicide?			





Name  
in  
Full

Malcolm Francis Sheraton

## CERTIFICATE OF DEATH

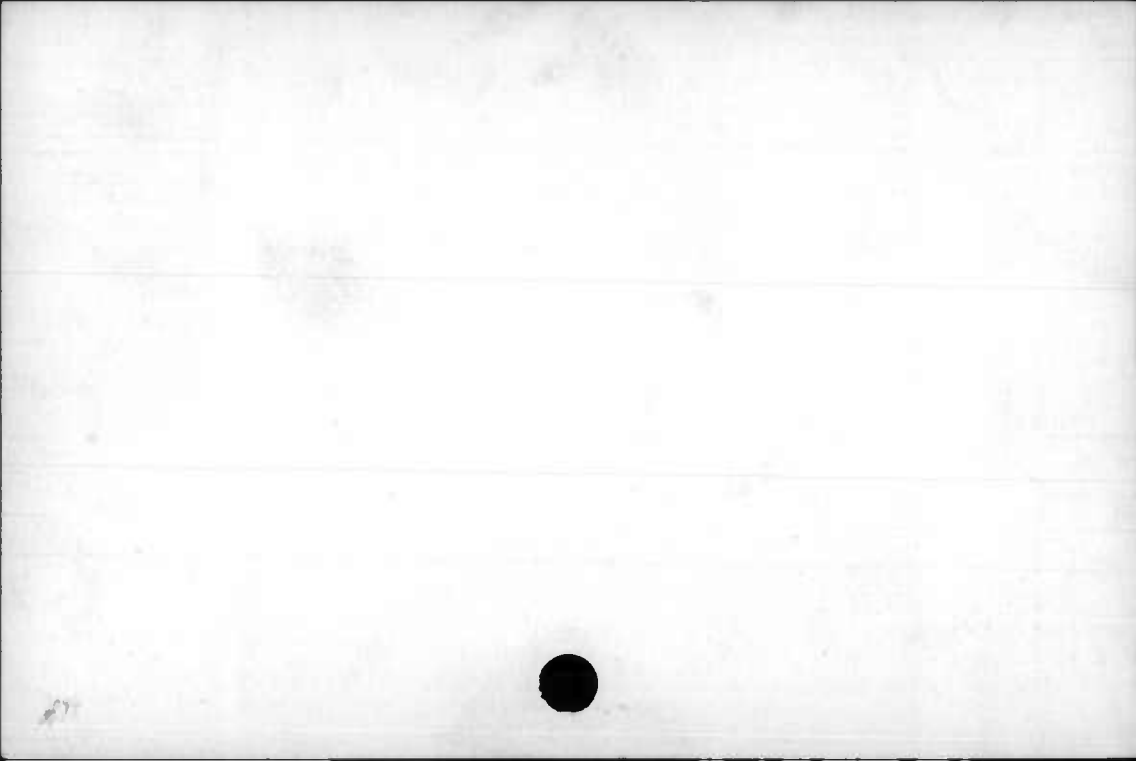
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Taylor's Isl.</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1907	Month <i>Aug</i>	Day <i>29</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Moses A. Sheraton</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Jennie E. Maxwell</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Moses A. Sheraton</i>			How related to deceased <i>Father</i>		

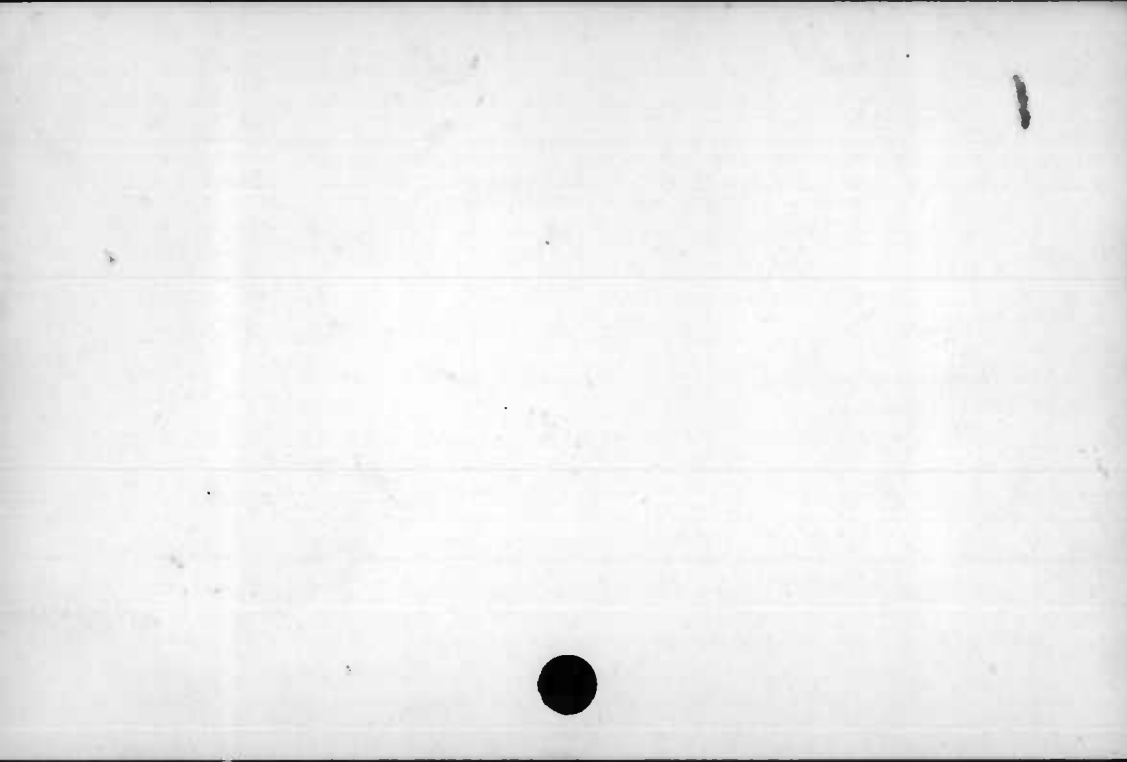
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

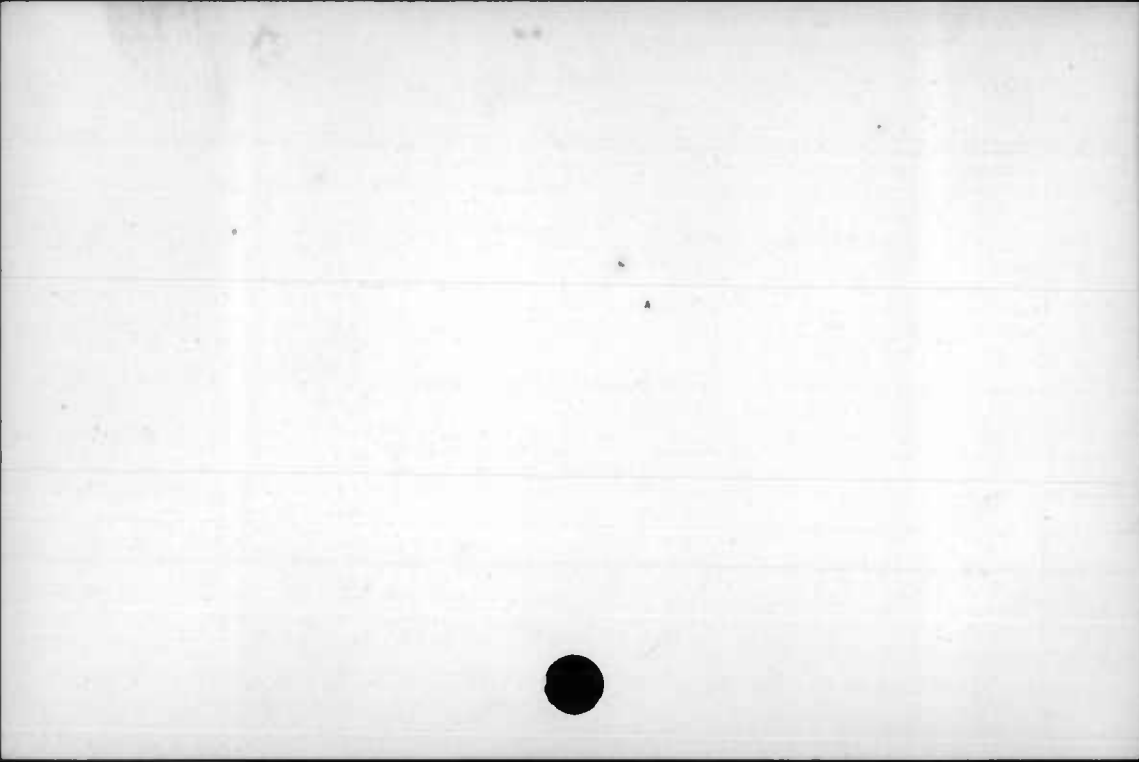
Primary <i>Enteritis</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jo. K. Shriver Jr.</i>
	Address <i>Taylor's Island Md</i>
Accident or Suicide? <i>—</i>	



Name in Full <b>Nelson D. Simpson</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Town <b>Cambridge</b>		County <b>Dor.</b>
	State <b>MD</b>		State <b>MARYLAND</b>
	Date of death <b>1907</b>	Month <b>Aug</b>	Day <b>1</b>
	Age <b>1</b>		Months <b>1</b>
	Sex <b>Male</b>		Color or Race <b>Colore</b>
	Occupation <b>Infant</b>		Birth-place <b>Cambridge</b>
	Where Residing if not at place of death		
Married, Single or Widowed <b>Widowed</b>		Name of Wife or Husband	
Father's Name <b>Joseph R. Simpson</b>		Father's Birthplace <b>Baltimore</b>	
Mother's Maiden Name <b>Sarah Matilda Cooper</b>		Mother's Birthplace <b>Dorchester Co</b>	
Name of person giving information <b>Joseph R. Simpson</b>		How related to deceased <b>Father</b>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Malnutrition</b>		How long <b>2 weeks</b>
	Immediate <b>Exhaustion</b>		How long <b>Don't know</b>
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>E.E. Walcott</b>
			Address <b>Cambridge, Md.</b>
	Accident or Suicide?		



Name in Full		No name		County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Date of death		Month		Day	
		Sex		Color or Race		Birth-place	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name		Father's Birthplace			
		Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased					
				CAUSES OF DEATH		175	
PHYSICIAN OR CORONER		Primary		Acute Milk Infection		How long	
		Immediate		Toxaemia (Heart Failure)		How long	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
				Address		E. E. Walcott	
		Accident or Suicide?				Cambridge, Ind	



Name  
in  
Full

Milla Ann Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

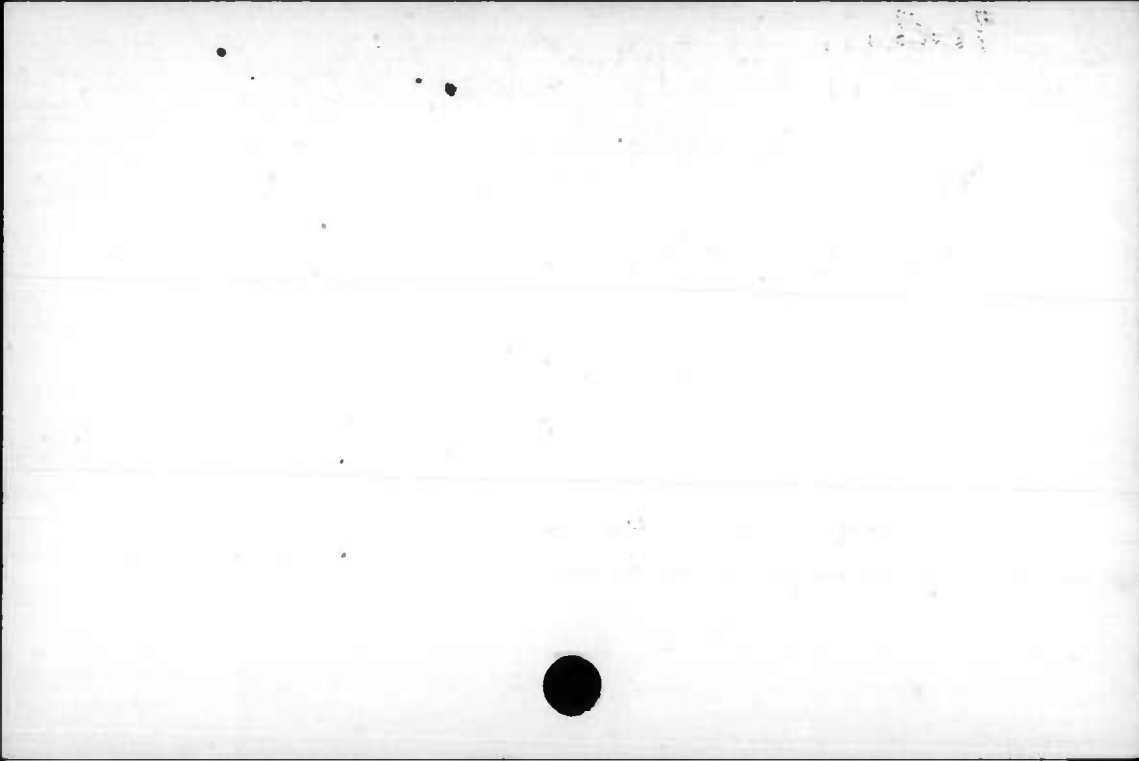
Died at		Town Vienna		County Harrison		MARYLAND	
Date of death	1907	Month aug	Day 6	Age 72	Years	Months	Days
Sex	Female		Color or Race	Colored		Birth- place	Maryland
Occupation	House wife			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Henry Thomas			
Father's Name	Harry Thomas				Father's Birthplace	Mo.	
Mother's Maiden Name	Arch Earles				Mother's Birthplace	Mo.	
Name of person giving In formation	Robert W Thomas				How related to deceased	Son.	

## CAUSES OF DEATH

66

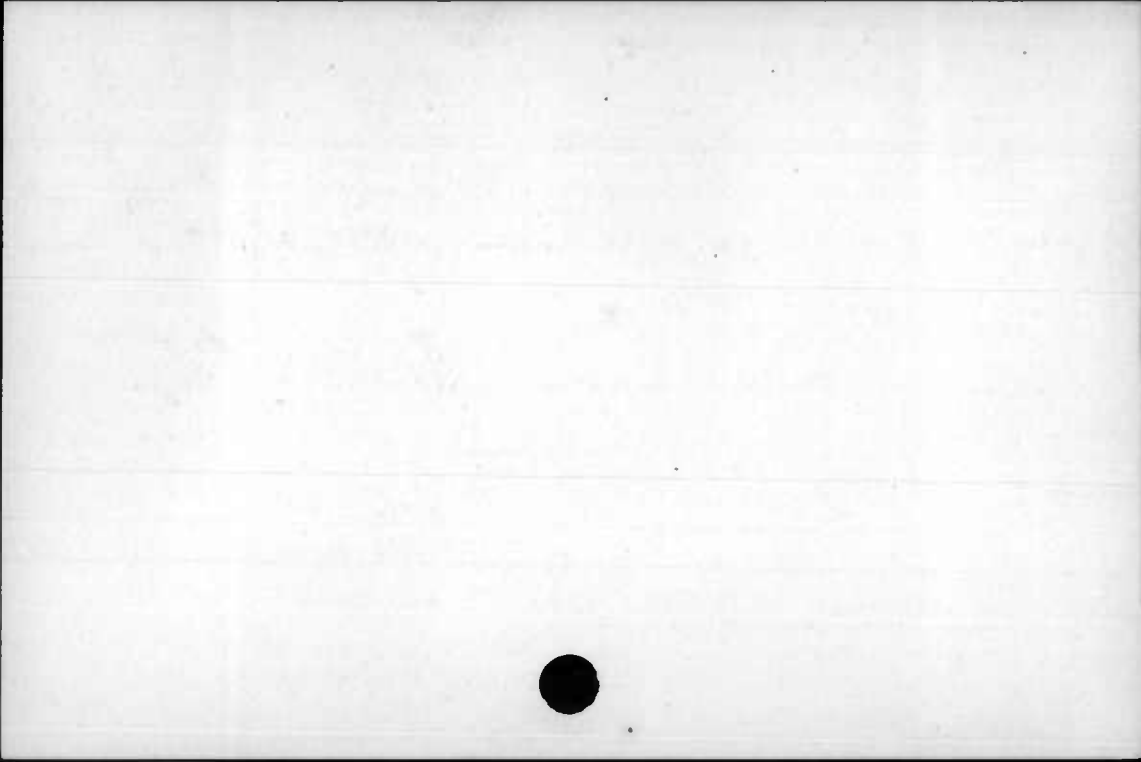
PHYSICIAN  
OR CORONER

Primary	Hemiplegia	How long	about one week
Immediate	Heart failure	How long	at once.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	H. Blank. M.D.
		Address	Vienna Mo.
Accident or Suicide?			

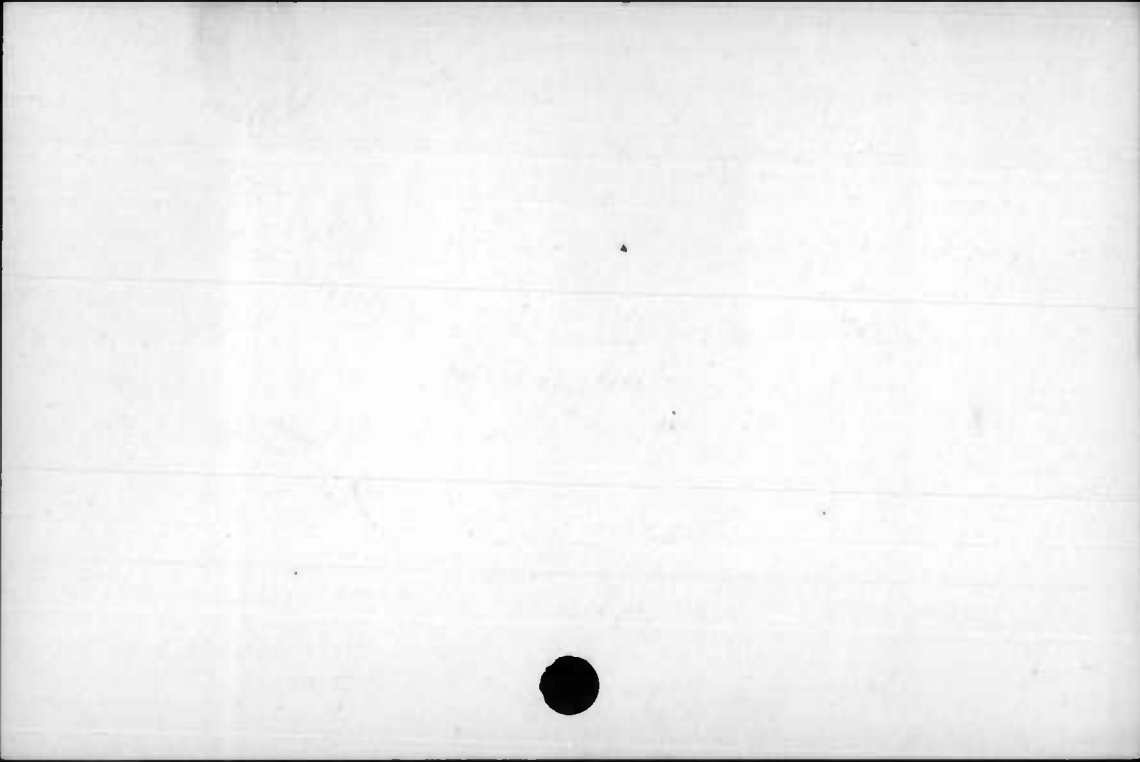




Name in Full		Certificate of Death			
William Walter Travers		TOWN County MARYLAND			
Died at Cambridge Dorchester Co		Died at			
Date of death 1907 Aug 28		Age 7		Months Days	
Sex Male		Color or Race White		Birth-place Cambridge	
Occupation Baby		Where Residing if not at place of death Cambridge			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Charles Travers		Father's Birthplace Cambridge			
Mother's Maiden Name Sallie Mollen		Mother's Birthplace Dorchester			
Name of person giving information Charlie Travers		How related to deceased Father			
CAUSES OF DEATH					
Primary Cholera Infantum		How long 6 days			
Immediate Exhaustion (Toxaemia)		How long 24 hours			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E. E. Wolff			
		Address Cambridge, Md.			
*Accident or Suicide?					



Name in Full		Certificate of Death			
William Waldron		Town Cambridge		County Dorchester	
Died at		MARYLAND			
Date of death		Month August	Day 22 <sup>nd</sup>	Years —	Months 6
Sex Male		Color or Race White		Birth- place Dorchester Co.	
Occupation Infant		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Harvey Waldron		Father's Birthplace Virginia			
Mother's Maiden Name Melissa Brambles		Mother's Birthplace Dorchester Co.			
Name of person giving Information Melissa Waldron		How related to deceased Mother			
CAUSES OF DEATH					
Primary Gastroenteritis		(105)		How long 2 Mon	
Immediate Exhaustion				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Guy S. Slicks	
				Address Cambridge Md.	
Accident or Suicide?		Child not		attended by me.	



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

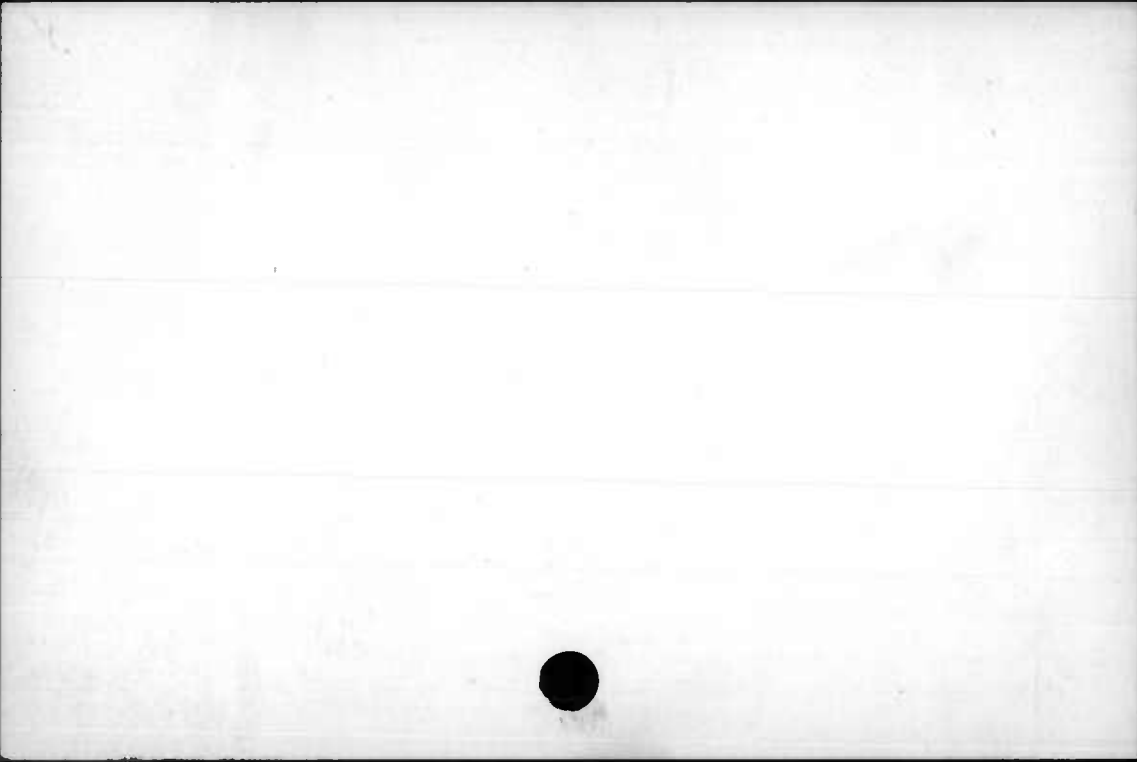
Name Margurete Wheatley		Town East New Market		County Dorchester		MARYLAND							
Died at		Date of death		Month 8		Day 17		Age Years 4		Months 4		Days 3	
Sex Female		Color or Race White		Birth- place Del									
Occupation none		Where Residing if not at place of death E. N. Market, Md.											
Married, Single or Widowed		Name of Wife or Husband											
Father's Name Harry E. Wheatley		Father's Birthplace Dorchester											
Mother's Maiden Name Malissa Westphal		Mother's Birthplace N.Y.											
Name of person giving In formation Jos E. Wheatley		How related to deceased Grand father											

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary Marasmus		How long 3 mos	
Immediate Enteric Colitis		How long one week	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Edward L. Jones	
		Address East New Market Maryland	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

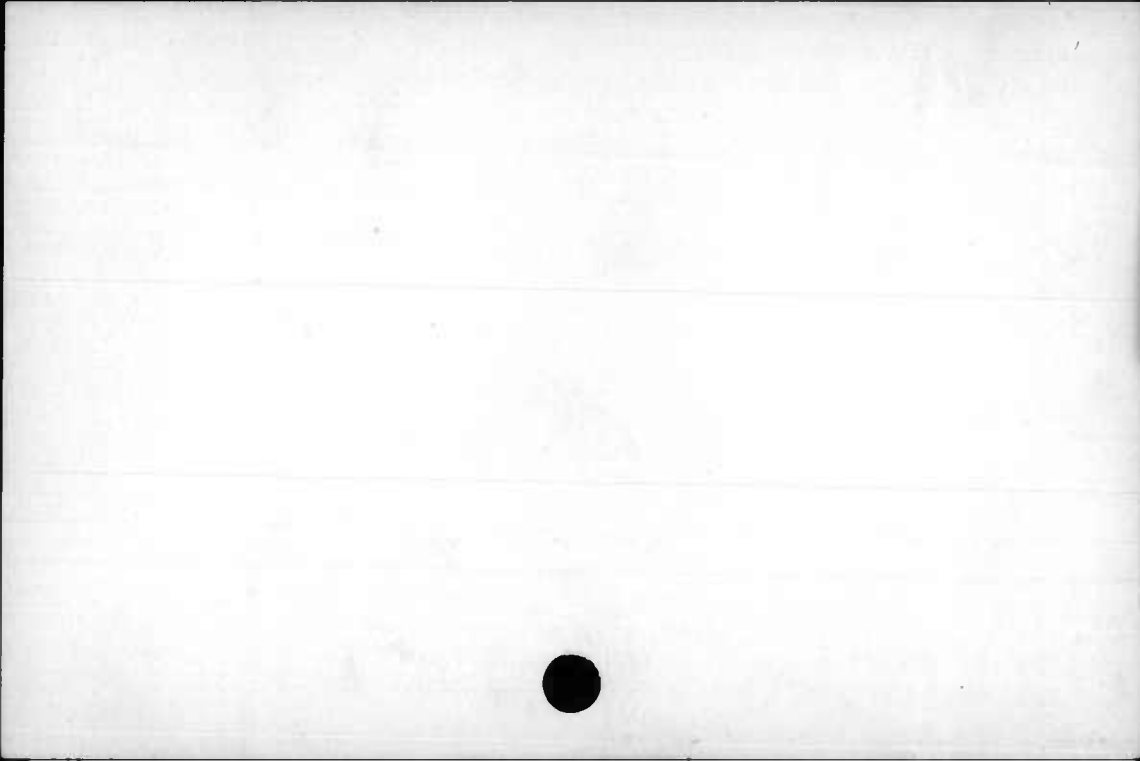
Died at <i>near Cambridge</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death	1907	Month	8	Day	16
Age	70	Years		Months	
Sex	male	Color or Race	colored	Birth-place	Worcester Co.
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Widower		Name of Wife or <del>Husband</del> <i>Mandy Jolly</i>		
Father's Name	Donk Know		Father's Birthplace <i>Donk Know</i>		
Mother's Maiden Name	Donk Know		Mother's Birthplace <i>Princes Anne</i>		
Name of person giving information	<i>Hattie A Stanley</i>		How related to deceased <i>none</i>		

## CAUSES OF DEATH

79

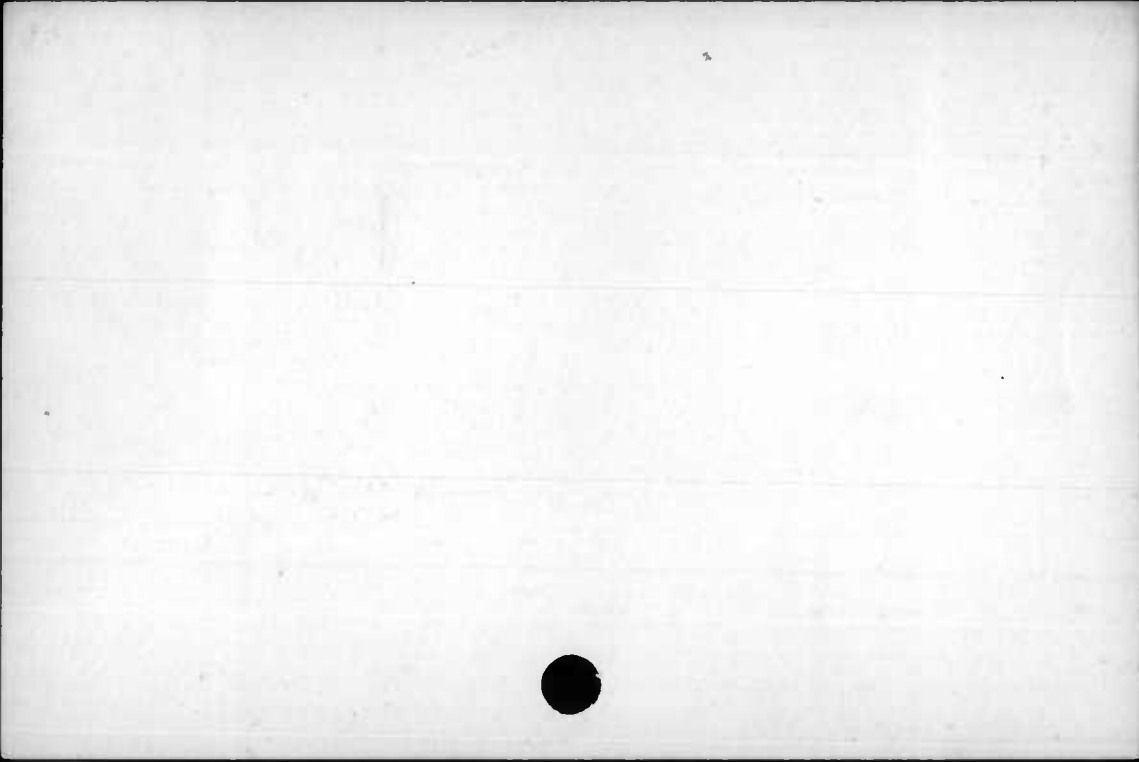
PHYSICIAN  
OR CORONER

Primary	<i>Mitral Regurgitation</i>	How long	<i>Four or Five yrs</i>
Immediate	<i>Aortic Constriction</i>	How long	<i>about 2 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. G. G. G.</i>
		Address	<i>Cambridge Md</i>
Accident or Suicide?			





Name in Full		Certificate of Death									
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cambridge</u>		Town <u>Owensboro</u>		County <u>Owensboro</u>		MARYLAND			
		Date of death <u>1907</u>		Month <u>Aug</u>		Day <u>9</u>		Age <u>5</u>		Months <u>1</u> Days <u>24</u>	
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Dr. Co. Ind.</u>					
		Occupation <u>none</u>				Where Residing if not at place of death <u>—</u>					
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>							
		Father's Name <u>Unknown</u>				Father's Birthplace <u>—</u>					
		Mother's Maiden Name <u>Victoria Wrightson</u>				Mother's Birthplace <u>Dr. Co. Ind.</u>					
		Name of person giving information <u>Mrs. Briccaban (Adopted Mother)</u>				How related to deceased <u>—</u>					
CAUSES OF DEATH <span style="border: 1px solid black; border-radius: 50%; padding: 5px;">14</span>											
PHYSICIAN OR CORONER		Primary <u>Hypertension</u>		How long <u>4 weeks</u>							
		Immediate <u>Gradual Exhaustion</u>		How long <u>—</u>							
		Are the name, age, sex, color, date and place correctly given above? <u>Y/No</u>		Signature of Physician <u>Wm. Steele</u>							
				Address <u>Cambridge Md.</u>							
		Accident or Suicide?									



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Federalburg</i>		Town <i>Dorchester</i>		County	
Date of death <i>1907</i>		Month <i>Aug</i>		Day <i>21</i>	
Age <i>6</i>		Years		Months	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>James L. Croten</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Nimmie Corbran</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>J. L. Croten</i>		How related to deceased <i>father</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Summer complaint</i>	How long <i>2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. Kemp Jefferson</i>
	Address <i>Federalburg md</i>
Accident or Suicide?	

